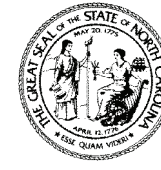


North Carolina State Long Term Care Ombudsman Program



2005 Annual Report

*Promoting quality of life
and quality of care
for long term care residents.*



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets
Director

I am pleased to present the North Carolina Long Term Care Ombudsman Program's 2005 Annual Report for federal fiscal year October 1, 2004 through September 30, 2005.

This Annual Report highlights the many ways that local community advisory committee volunteers, Regional Ombudsmen and the Office of State Long Term Care Ombudsman have worked to protect residents' rights, empower families and educate consumers about long term care issues and options.

North Carolina General Statute §§ 143B-181.18(8) requires the Office of the State Long Term Care Ombudsman to prepare an annual report that reflects current complaint data along with any recommendations for addressing long term care issues identified. Information is also included about the Long Term Care Ombudsman Program's successful completion of public education events, community involvement efforts, elder abuse prevention activities and ongoing state level initiatives.

2005 was a very busy and productive year for the North Carolina Long Term Care Ombudsman Program. I invite you to contact me if you have questions or comments about our Annual Report.



State of North Carolina
Michael F. Easley, Governor

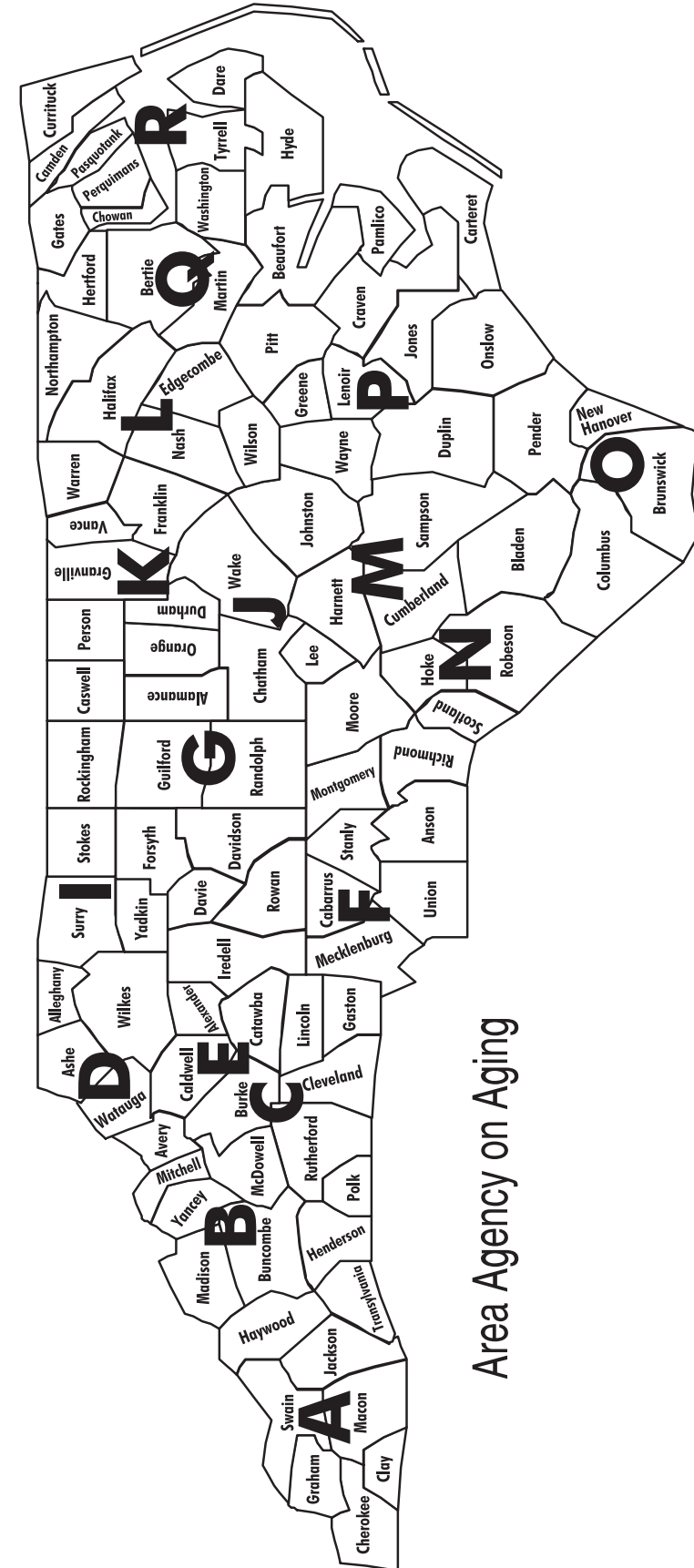
Department of Health and Human Services
Carmen Hooker Odom, Secretary
Dennis E. Streets, Director, Division of Aging and Adult Services
Sharon C. Wilder, State Long Term Care Ombudsman

N.C. DHHS is an equal opportunity employer and provider. 02/07 ☎

Sincerely,

Sharon C. Wilder
State Long Term Care Ombudsman

APPENDIX F



Area Agency on Aging



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- (h) (1) Each committee shall apprise itself of the general conditions under which the persons are residing in the homes, and shall work for the best interests of the persons in the homes. This may include assisting persons who have grievances with the home and facilitating the resolution of grievances at the local level.
- (2) Each committee shall quarterly visit the nursing home it serves. For each official quarterly visit, a majority of the committee members shall be present. In addition, each committee may visit the nursing home it serves whenever it deems it necessary to carry out its duties. In counties with four or more nursing homes, the subcommittee assigned to a home shall perform the duties of the committee under this subdivision, and a majority of the subcommittee members must be present for any visit.
- (3) Each member of a committee shall have the right between 10:00 A.M. and 8:00 P.M. to enter into the facility the committee serves in order to carry out the members’ responsibilities. In a county where subcommittees have been established, this right of access shall be limited to homes served by those subcommittees to which the member has been appointed.
- (4) The committee or subcommittee may communicate through its chair with the Department or any other agency in relation to the interest of any patient. The identity of any complainant or resident involved in a complaint shall not be disclosed except as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq.
- (5) Each home shall cooperate with the committee as it carries out its duties.
- (6) Before entering into any nursing home, the committee, subcommittee, or member shall identify itself to the person present at the facility who is in charge of the facility at that time.
- (i) Any written communication made by a member of a nursing home advisory committee within the course and scope of the member’s duties, as specified in G.S. 131E-128, shall be privileged to the extent provided in this subsection. This privilege shall be a defense in a cause of action for libel if the member was acting in good faith and the statements or communications do not amount to intentional wrongdoing.

To the extent that any nursing home advisory committee or any member thereof is covered by liability insurance, that committee or member shall be deemed to have waived the qualified immunity herein to the extent of indemnification by insurance. (1977, c.897, s. 2; 1977, 2nd Sess., c. 1192, s. 1; 1983, c. 143, ss. 4-9; c. 775, s. 1; 1987, c. 682, s. 1; 1995, c. 254, s. 7; 1997-176, s. 1; 1997-443, s. 11A.118(a).)

of a majority of the nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes within the county. If the nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes fail to approve or reject the reappointment within 45 days of being requested by the board of county commissioners, the commissioners may reappoint the member if they so choose.

- (d) Any vacancy shall be filled by appointment of a person for a one-year term. Any person replacing a member nominated by the chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes or a person appointed when the chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes failed to make a nomination shall be selected from among persons nominated by the administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, as provided in subsection (b). If the county commissioners fail to appoint members to a committee, or fail to fill a vacancy, the appointment may be made or vacancy filled by the Secretary or the Secretary's designee no sooner than 45 days after the commissioners have been notified of the appointment or vacancy if nomination or approval of the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes is not required. If nominations or approval of the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes is required, the appointment may be made or vacancy filled by the Secretary or the Secretary's designee no sooner than 45 days after the commissioners have received the nomination or approval, or no sooner than 45 days after the 45-day period for action by the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes.
- (e) The committee shall elect from its members a chair, to serve a one-year term.
- (f) Each member must be a resident of the county which the committee serves. No person or immediate family member of a person with a financial interest in a home served by a committee, or employee or governing board member or immediate family member of an employee or governing board member of a home served by a committee, or immediate family member of a patient in a home served by a committee may be a member of a committee. Membership on a committee shall not be considered an office as defined in G.S. 128-1 or G.S. 128-1.1. Any county commissioner who is appointed to the committee shall be deemed to be serving on the committee in an ex officio capacity. Members of the committee shall serve without compensation, but may be reimbursed for the amount of actual expenses incurred by them in the performance of their duties. The names of the committee members and the date of expiration of their terms shall be filed with the Division of Aging, which shall supply a copy to the Division of Facility Services.
- (g) The Division of Aging, Department of Health and Human Services, shall develop training materials which shall be distributed to each committee member and nursing home. Each committee member must receive training as specified by the Division of Aging prior to exercising any power under subsection (h) of this section. The Division of Aging, Department of Health and Human Services, shall provide the committees with information, guidelines, training, and consultation to direct them in the performance of their duties.

2005 – Year in Review

The North Carolina Long Term Care Ombudsman Program has had a very productive year. We have been involved in many activities and been successful in accomplishments that will have a positive impact on improving the quality of care and life for residents in long term care facilities in our State. Below is a summary of some of the significant events that represent this year's successful accomplishments.

The Long Term Care Ombudsman Program collaborated with sixteen organizations, including AARP, Friends of Residents in Long Term Care, the Alzheimer's Associations, Mental Health Association of N. C., UNC Institute on Aging and the N. C. Association of Area Agencies on Aging, to host the third **Biennial Public Policy Conference and Long Term Care Advocacy Day** at the N. C. General Assembly in April 2005. More than 200 interested citizens attended the two-day event. Major topics addressed during the Policy Conference included *Mixed Populations in Residential Long Term Care Facilities, Preservation of Home and Community Care Options plus Implementation of the Long Term Care Safety Initiatives*. On the first day, training sessions were conducted that included communication techniques for informing others about important long term care issues for consumers, tips for becoming an effective long term care consumer and practical steps one can take to motivate others to take action. On Advocacy Day, all attendees met in the auditorium of the Legislative Building for a briefing with members of the House Aging Committee. Everyone who attended was provided a colorful tee shirt emblazoned with the LTC Advocacy Day logo. AARP underwrote most of the cost for the tee shirts so that sponsor contributions could be used to offset expenses related to space, food and registration. The sea of bright gold tee shirts created instant publicity for the event. Following the legislative briefing, the House Aging Committee hosted a public hearing which provided an opportunity for legislators to hear comments from all citizens in attendance. In the afternoon, participants met with their state

representatives to discuss long term care issues of concern. Long Term Care Ombudsmen helped keep the day running smoothly by greeting individuals who came by bus, providing directions to the auditorium, assisting with the registration process, distributing the LTC Advocacy Day tee shirts and accompanying groups of participants from their region to meetings with individual legislators. This well attended event provided an excellent forum for advocacy and education about current long term care issues.

The Office of State Long Term Care Ombudsman concluded another successful year of work with S.A.F.E. in LTC, the state level law enforcement initiative focused on creating partnerships with law enforcement agencies and courts of competent jurisdiction. Members of the *Strategic Alliance for Elders in Long Term Care (S.A.F.E. in LTC)* adopted a logo that represents the group's mission and finalized the format and content of an educational brochure. The brochure will be utilized as an outreach tool at conferences, as a handout in presentations and for wide distribution to long term care consumers and their families. It is available under the publications link on the Ombudsman Program's web page at www.dhhs.state.nc.us/aging/ombud.htm.

Lorraine S. Galloway, Instructor/Coordinator with the North Carolina Justice Academy provided excellent guidance and encouragement to members of the Education and Training Subcommittee as they worked diligently to create training modules to educate law enforcement officers. Some examples of the completed modules include *Aging 101, Long Term Care Facilities, Mental Illness, Communication with Special Populations, HIPAA, and Crimes against the Elderly*. Each module consists of an Instructor's Guide, a Student Outline and related handouts. The training will be piloted in one three-day training course in early 2006. Afterwards, the curriculum entitled ***Voiceless Victims: Investigating Crimes against the Elderly and Disabled*** will be offered through both the eastern and western campuses of the North Carolina Justice Academy six times during the remainder of 2006. Our plan for the future is to complete a series of train-the-trainer sessions for staff

development officers across the state so that they are prepared to conduct customized presentations with law enforcement organizations in their area.

The ***Resident Companion Program*** is a new initiative underway in which the State Office of the Long Term Care Ombudsman Program is partnering with the Division's Volunteer Development Program and two area nursing facilities to train volunteers to visit residents in need of visitors. The Program's goal is to enhance the quality of life for residents in long term care facilities. A volunteer training manual and introductory flyer announcing the pilot program have been developed to recruit and train volunteers willing to make a six-month commitment to visiting a long term care resident. Two training sessions have been conducted for volunteers that includes two hours of classroom training, a facility tour and an initial orientation visit with the host nursing facility before the volunteer is assigned to a resident as a "companion visitor." The Resident Companion Program will expand to the western part of the state in the spring of 2006. Volunteers are still being actively recruited for the two nursing facilities in the Wake County area.

Integrative Pest Management training was offered for a second year in multiple sites across North Carolina. Over 75 state nursing home licensure and certification staff from the Raleigh and Black Mountain offices received an introductory training session explaining Integrative Pest Management as an alternative to standard pest control practices in long term care facilities. An additional 30 adult care home and nursing home administrators and physical plant directors attended training sessions at various locations in the state. Each session was presented by Dr. Mike Waldvogel, Extension Specialist with the Department of Entomology at N. C. State University. At each training site, Regional Long Term Care Ombudsmen conducted introductory presentations about the importance of respecting residents' rights while performing pest control services for a long term care facility.

Staff in the State Long Term Care Ombudsman Program and the Elder Rights' Legal Services Developer

participated in an important **Guardianship Project** focused on increasing awareness about guardianship issues for professionals and the general public. As key members of a state level workgroup, they participated in the creation and redesign of several educational tools. Two separate scripts were written for videos. The video, designed to educate Clerks of Court, helps them understand the requirements and consequences of guardianship as well as examine other possible avenues for meeting the needs of incapacitated adults. A second video produced for the public provides a step-by-step explanation of the guardianship process. In an effort to make this information available to the broadest audiences, both videos were produced in Spanish and English in addition to closed-captioning for the deaf and hard of hearing. The videotapes were distributed to a broad array of service providers including Clerks of Superior Court, regional long term care ombudsmen, community based advocacy organizations and institutions of higher education.

The workgroup also redesigned a guardianship brochure to include an outline of the principles a guardian should consider when making decisions and advocating on behalf of adults who have been adjudicated incompetent. The document also provides a detailed description of the process to restore an individual to competency. This brochure was printed in Braille and large print for individuals with visual impairments.

As a result of these two efforts, the North Carolina General Assembly passed legislation in 2005 allowing Clerks of Court to order mediation and examination of less restrictive alternatives when a petition for guardianship comes before them. This was a major step in preserving the autonomy of individuals who may only need legal assistance and oversight in specific areas of their lives. The Division's Legal Services Developer coordinated and co-hosted training events for mediators in our state to further advance the concept of Limited Guardianship.

Long Term Care Ombudsman Program representatives were asked to write a commentary on how Ombudsmen

To the extent that any adult care home advisory committee or any member is covered by liability insurance, that committee or member shall be deemed to have waived the qualified immunity herein to the extent of indemnification by insurance. (1981, c.923, s. 1; 1983, c. 88, s. 1; 1987, c. 682, s. 2; 1995, c. 535, s. 14; 1997-176, s. 2; 1997-443, s. 11A.118(a).)

§ 131E-128. Nursing home advisory committees.

- (a) It is the purpose of the General Assembly that community advisory committees work to maintain the intent of this Part within the nursing homes in this State, including nursing homes operated by hospitals licensed under Article 5 of G.S. Chapter 131E. It is the further purpose of the General Assembly that the committees promote community involvement and cooperation with nursing homes and an integration of these homes into a system of care for the elderly.
- (b)
 - (1) A community advisory committee shall be established in each county which has a nursing home, including a nursing home operated by a hospital licensed under Article 5 of G.S. Chapter 131E, shall serve all the homes in the county, and shall work with each home in the best interest of the persons residing in each home. In a county which has one, two, or three nursing homes, the committee shall have five members. In a county with four or more nursing homes, the committee shall have one additional member for each nursing home in excess of three, and may have up to five additional members per committee at the discretion of the county commissioners.
 - (2) In each county with four or more nursing homes, the committee shall establish a subcommittee of no more than five members and no fewer than three members from the committee for each nursing home in the county. Each member must serve on at least one subcommittee.
 - (3) Each committee shall be appointed by the board of county commissioners. Of the members, a minority (not less than one-third, but as close to one-third as possible) must be chosen from among persons nominated by a majority of the chief administrators of nursing homes in the county and of the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes. If the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes fail to make a nomination within 45 days after written notification has been sent to them by the board of county commissioners requesting a nomination, these appointments may be made by the board of county commissioners without nominations.
- (c) Each committee member shall serve an initial term of one year. Any person reappointed to a second or subsequent term in the same county shall serve a three-year term. Persons who were originally nominees of nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, or who were appointed by the board of county commissioners when the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes failed to make nominations, may not be reappointed without the consent

Human Services. Where this approval is obtained, the Joint Nursing and Adult Care Home Community Advisory Committee shall have the membership required of Nursing Home Community Advisory Committees and one additional member for each adult care home with 10 or more beds licensed in the county. In counties with no adult care homes with 10 or more beds, there shall be one additional member for every four other types of adult care homes in the county. In no case shall the number of members on the Joint Nursing and Adult Care Home Community Advisory Committee exceed 25. Each member shall exercise the statutory rights and responsibilities of both Nursing Home Committees and Adult Care Home Committees. In making appointments to this joint committee, the county commissioners shall solicit nominations from both nursing and adult care home administrators for the appointment of approximately (but no more than) one-third of the members.

- (d) Terms of Office. - Each committee member shall serve an initial term of one year. Any person reappointed to a second or subsequent term in the same county shall serve a two- or three-year term at the county commissioners' discretion to ensure staggered terms of office.
- (e) Vacancies. - Any vacancy shall be filled by appointment of a person for a one-year term. If this vacancy is in a position filled by an appointee nominated by the chief administrators of adult care homes within the county, then the county commissioners shall fill the vacancy from persons nominated by a majority of the chief administrators. If the adult care home administrators fail to make a nomination by registered mail within 45 days after written notification has been sent to them requesting a nomination, this appointment may be made without nominations. If the county commissioners fail to fill a vacancy, the vacancy may be filled by the Assistant Secretary for Aging, Department of Health and Human Services no sooner than 45 days after the commissioners have been notified of the appointment or vacancy.
- (f) Officers. - The committee shall elect from its members a chair, to serve a one-year term.
- (g) Minimum Qualifications for Appointment. - Each member must be a resident of the county which the committee serves. No person or immediate family member of a person with a financial interest in a home served by the committee, or employee or governing board member of a home served by the committee, or immediate family member of a resident in a home served by the committee may be a member of that committee. Any county commissioner who is appointed to the committee shall be deemed to be serving on the committee in an ex officio capacity. Members of the committee shall serve without compensation, but may be reimbursed for actual expenses incurred by them in the performance of their duties. The names of the committee members and the date of expiration of their terms shall be filed with the Division of Aging, Department of Health and Human Services.
- (h) Training. - The Division of Aging, Department of Health and Human Services, shall develop training materials, which shall be distributed to each committee member. Each committee member must receive training as specified by the Division of Aging prior to exercising any power under G.S. 131D-32. The Division of Aging, Department of Health and Human Services, shall provide the committees with information, guidelines, training, and consultation to direct them in the performance of their duties.
- (i) Any written communication made by a member of adult care home advisory committee within the course and scope of the member's duties, as specified in G.S. 131D-32, shall be privileged to the extent provided in this subsection. This privilege shall be a defense in a cause of action for libel if the member was acting in good faith and the statements and communications do not amount to intentional wrongdoing.

assist families with examining options for selecting a long term care facility for loved ones with Alzheimer's disease or dementia. **Preparing Families to Make Informed Decisions about Long Term Care** was co-authored by Sharon Wilder and Kathryn Lanier and published in the January/February 2005 edition of the North Carolina Medical Journal. The Long Term Care Ombudsman Program also contributed to an *Issues Brief* written by Gordon H. DeFries, PhD for a second volume of the Journal entitled **Quality of Long Term Care: Nutrition as a Critical Dimension**. Regional Ombudsmen Nancy Murphy, Harvin Quidas, Twilla Chavis and Aimee Kepler talked with Dr. DeFries about the *Ombudsman's Perspective on the Dining Experience in North Carolina Nursing Homes*. This publication was the culmination of a two-year examination of the many facets of the dining experience in nursing homes by the Nursing Home Quality Standards Workgroup under the direction of the N. C. Institute of Medicine. Both articles are available at: **www.ncmedicaljournal.com**. Excerpts from the Long Term Care Ombudsman Program's 2003 Annual Report describing two of the Program's new state level initiatives were also published in the Spring 2005 edition of the North Carolina Senior Citizens' Association's newspaper, *VOICES*.

Many Regional Ombudsmen were actively involved in the Department of Insurance's, Senior Health Insurance Information Program educational events for consumers about the new Medicare Part D Prescription Drug program. A two-hour roundtable discussion was conducted at the August Quarterly State Ombudsman Training which brought together Regional Ombudsmen, representatives from the provider trade associations, SHIIP, the Division of Medical Assistance and the Social Security Administration to discuss potential strategies for working together to ensure residents and responsible parties were educated about the enrollment process, application for the low-income subsidy, choosing formularies and enrollment issues related to incapacitated residents without responsible party. This was a successful first step towards ensuring that all stakeholders would begin addressing many specific issues impacting long term care residents once the Medicare

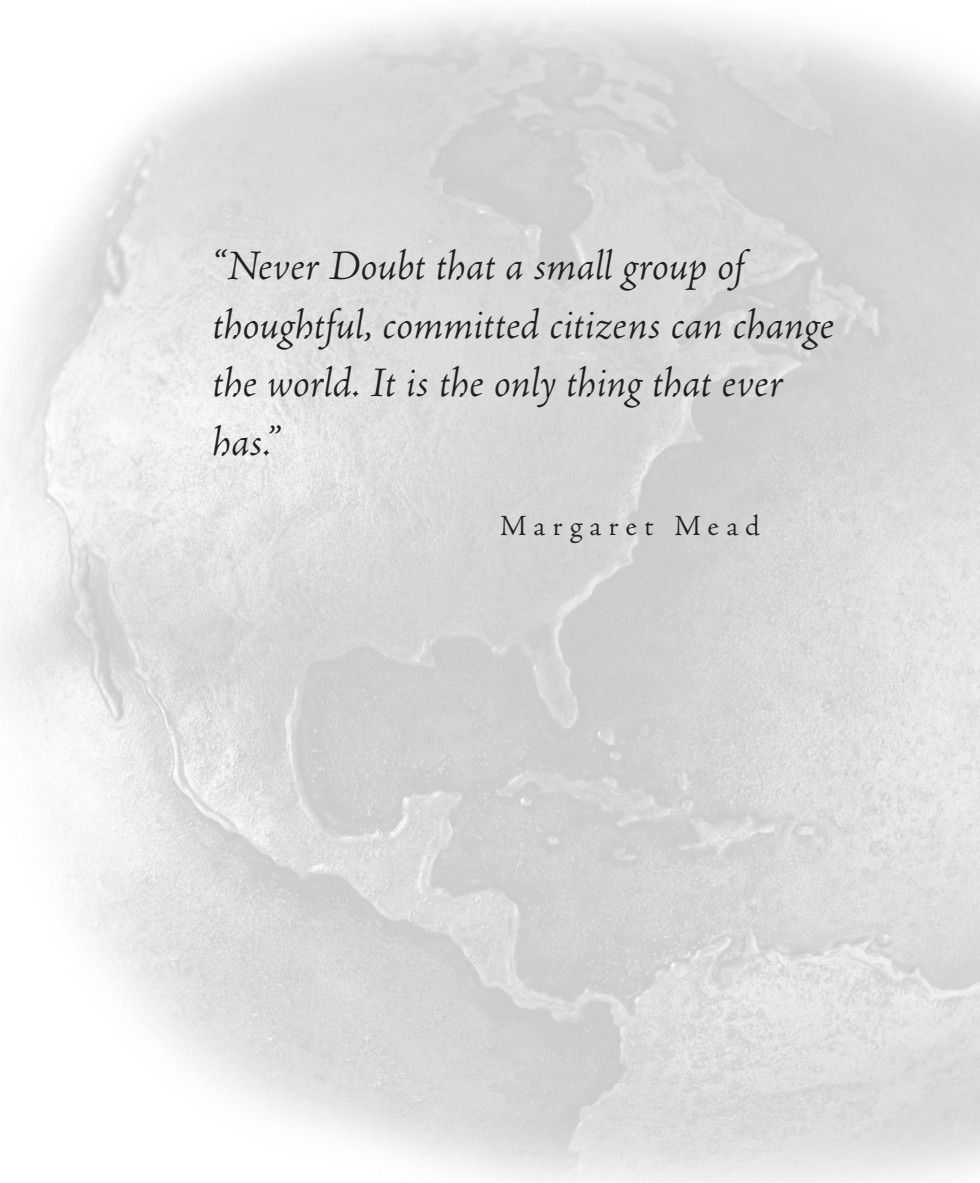
Part D initial enrollment process began.

The Office of the State Long Term Care Ombudsman was an active participant on the *North Carolina Nursing Facility Transition Grant Participant Task Force* which has just concluded three years of work under a CMS grant award. During this time, the Transition Grant Program helped 86 residents move from nursing homes back into the community. The task force identified opportunities and barriers that impact a resident's ability to return to the community. Several Regional Long Term Care Ombudsmen partnered with the N. C. Division of Vocational Rehabilitation, the Independent Living Program and Centers for Independent Living to conduct training on the Nursing Home Transitions Grant Project for nursing home staff across the state as well as educating nursing home staff about community resources.

A representative of State Long Term Care Ombudsman Program also served on the NC Coalition for Long Term Care Enhancement that is dedicated to assisting North Carolina nursing facilities with implementing Culture Change. Two highlights for the Ombudsman Program regarding the Culture Change initiative in long term care for 2005 include a representative attending the **St. Louis Accord** in June 2005 as part of the North Carolina delegation. Over 450 people attended the conference held in St. Louis, Missouri sponsored by Quality Partners of Rhode Island and the Pioneer Network. The St. Louis Accord encouraged collaboration with other state and industry stakeholders to focus on person centered care in long term care facilities. Another accomplishment was the participation by Denise Rogers, staff representative with the State Ombudsman Program, as a speaker addressing person centered care. She was also coordinator for a Program exhibit at the first **N. C. Long Term Care Enhancement Conference and Resource Fair** held at Carol Woods Continuing Care Retirement Center in Chapel Hill, N.C. in June. Over 200 people attended this exciting conference.

As part of an ongoing initiative, the Long Term Care Ombudsman Program staff also supported an informal

in-house fundraiser for the N. C. Alzheimer’s Association, Eastern Chapter through weekly baked goods sales. All funds raised were contributed to the Alzheimer’s Association during the **Annual Alzheimer’s Memory Walk** event. Program staff also sponsored a Long Term Care Ombudsman Program exhibit at the Resource Fair where a variety of long term care information was distributed to Memory Walk participants as part of the Resource Fair.



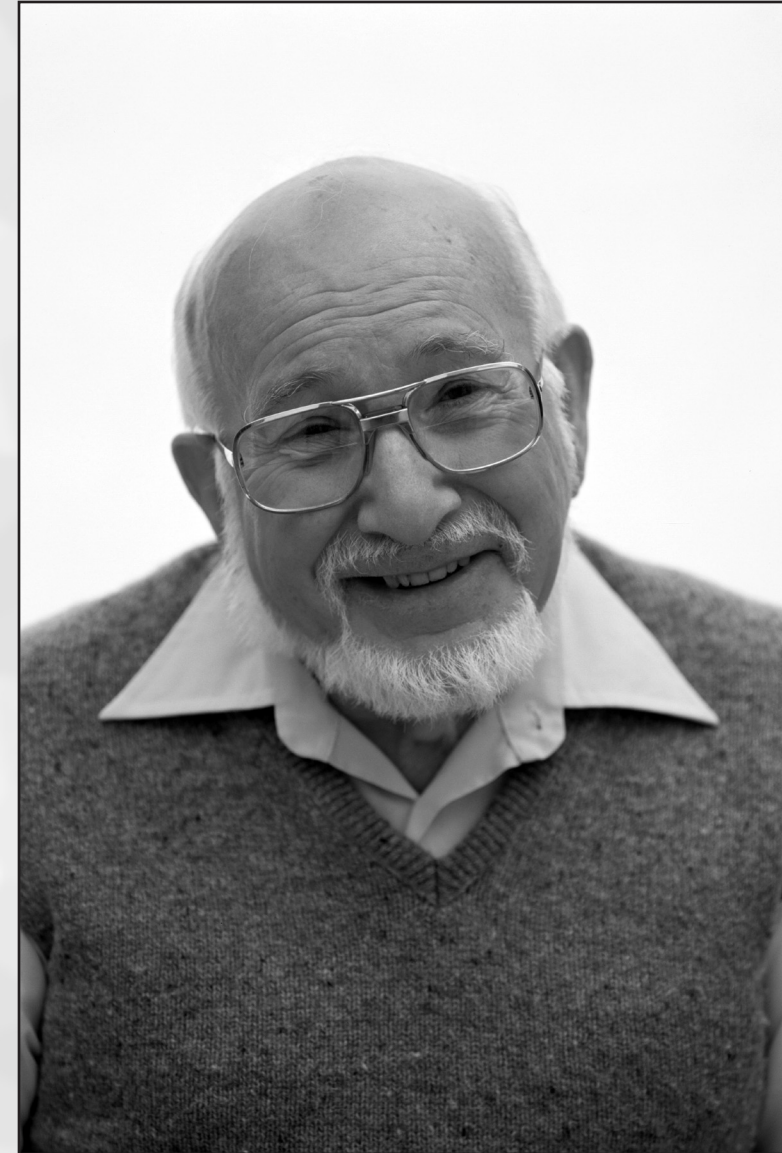
“Never Doubt that a small group of thoughtful, committed citizens can change the world. It is the only thing that ever has.”

M a r g a r e t M e a d

Appendix E

§ 131D-31. Adult care home community advisory committees.

- (a) Statement of Purpose. - It is the intention of the General Assembly that community advisory committees work to maintain the intent of the Adult Care Home Residents’ Bill of Rights within the licensed adult care homes in this State. It is the further intent of the General Assembly that the committees promote community involvement and cooperation with adult care homes to ensure quality care for the elderly and disabled adults.
- (b) Establishment and Appointment of Committees. -
 - (1) A community advisory committee shall be established in each county that has at least one licensed adult care home, shall serve all the homes in the county, and shall work with each of these homes for the best interests of the residents. In a county that has one, two, or three adult care homes with 10 or more beds, the committee shall have five members.
 - (2) In a county with four or more adult care homes with 10 or more beds, the committee shall have one additional member for each adult care home with 10 or more beds in excess of three, and may have up to five additional members at the discretion of the county commissioners, not to exceed a maximum of 25 members. In each county with four or more adult care homes with 10 or more beds, the committee shall establish a subcommittee of no more than five members and no fewer than three members from the committee for each adult care home in the county. Each member must serve on at least one subcommittee.
 - (3) In counties with no adult care homes with 10 or more beds, the committee shall have five members. Regardless of how many members a particular community advisory committee is required to have, at least one member of each committee shall be a person involved in the area of mental retardation.
 - (4) The boards of county commissioners are encouraged to appoint the Adult Care Home Community Advisory Committees. Of the members, a minority (not less than one-third, but as close to one-third as possible) shall be chosen from among persons nominated by a majority of the chief administrators of adult care homes in the county. If the adult care home administrators fail to make a nomination within 45 days after written notification has been sent to them requesting a nomination, these appointments may be made without nominations. If the county commissioners fail to appoint members to a committee by July 1, 1983, the appointments shall be made by the Assistant Secretary for Aging, Department of Health and Human Services, no sooner than 45 days after nominations have been requested from the adult care home administrators, but no later than October 1, 1983. In making appointments, the Assistant Secretary for Aging shall follow the same appointment process as that specified for the County Commissioners.
- (c) Joint Nursing and Adult Care Home Community Advisory Committees. - Appointment to the Nursing Home Community Advisory Committees shall preclude appointment to the Adult Care Home Community Advisory Committees except where written approval to combine these committees is obtained from the Assistant Secretary for Aging, Department of Health and



A Volunteer’s Story
Vicky Freedman

To give of one’s self is selfless; to receive from another is a gift most precious of all. This is the tenant I have learned in the 10 months participating in the Resident Companion Program through the North Carolina Division of Aging and Adult Services, Long Term Care Ombudsman Program. Little did I realize what a wonderful experience was ahead of me.

For many years it has been a goal to contribute my time and effort to assist others. Contributions of money to a charity are helpful; however, we do not always see the results of that effort. We all get so busy with the daily task of living. I had the desire to contribute on a more personal level, but something else always kept me from following through even though my heart was willing. Through the Resident Companion Program, I was presented with the opportunity to participate in a pilot program which pairs volunteers with residents of nursing and rehabilitation facilities in our area.

Previous experiences with visiting nursing homes left me sad and somewhat angry. These were places where the people most dear to us in life were left to go on their final journey. Some of them were making this journey alone while others were totally unaware of where they were or what was happening around them. We are our brother’s keeper.

I guess that old hippie in me decided to dust off the sandals and the love beads and go forward to help out where I could be of most use. I had no experience and was ill-prepared, but forward I went. I was so anxious when I set up a meeting with Eva Miller at Sunnybrook Nursing and Rehabilitation facility in Raleigh, North Carolina. I toured the facility and was introduced to the resident I was assigned to visit. I participated in the training program set up by Denise Rogers, LTC Ombudsman/Elder Rights Specialist with the Division of Aging and Adult Services. We were thoroughly trained and given the support of the Division if we had questions or needed advice.

I have been visiting a resident at Sunnybrook for the past 10 months. She is a ray of sunshine and truly an angel here on earth. We have cultivated a friendship and she is my “baby.” This is how she is known to all at Sunnybrook. We have wonderful talks, I read to her or we listen to music. I always make sure that I am there to feed her lunch on days that I visit which she enjoys. She always tells me she loves me and I express the same love. She has given me the gift of appreciating life and being thankful for what we have. Her strong faith sustains her. She has shown me that her impairments are not impediments to having a full and meaningful life.

N O

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R

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Counties: Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell and Washington

G	I
<p>Sabrena Lea, Don Heermans and Dorian Fredricksen Piedmont Triad Council of Governments 2216 W. Meadowview Road, Suite 201 Greensboro, N.C. 27407-3480 (336) 294-4950 FAX: (336) 632-0457 e-mail: slea@ptcog.org; dheermans@ptcog.org; dfredricksen@ptcog.org</p> <p><i>Counties: Alamance, Caswell, Davidson, Guilford, Montgomery, Randolph and Rockingham</i></p>	<p>Andi Reese (336) 761-2111 extension 118 Kim Daleus (336) 761-2111 ext. 126 Northwest Piedmont Council of Governments 400 W. Fourth Street, Suite 400 Winston-Salem, N.C. 27101 FAX: (336) 761-2112 e-mail: areese@nwpcog.org</p> <p><i>Counties: Davie, Forsyth, Stokes, Surry and Yadkin</i></p>
J	K
<p>Jill Passmore, Nancy Murphy, and Aimee Kepler Triangle J Council of Governments P.O. Box 12276 Research Triangle Park, N.C. 27709 (919) 558-9401, (919) 558-2703, (919) 558-2719 or (919) 558-9404 / FAX: (919) 549-9390 Toll Free: 1-800-310-9777 e-mail: jpassmore@tjcog.org; nmurphy@tjcog.org akepler@tjcog.org</p> <p><i>Counties: Chatham, Durham, Johnston, Lee, Moore, Orange, and Wake</i></p>	<p>Kimberly Hawkins Region K Council of Governments P.O. Box 709 Henderson, N.C. 27536 (252) 436-2050 Toll Free: 1-866-506-6223 FAX: (252) 436-2055 e-mail: khawkins@kerrtarcog.org</p> <p><i>Counties: Franklin, Granville, Person, Vance and Warren</i></p>
L	M
<p>Armeta Coley Upper Coastal Plains Council of Governments P.O. Drawer 2748 Rocky Mount, N.C. 27802 (252) 446-0411 ext. 234 FAX: (252) 446-5651 e-mail: acoley@ucpcog.org</p> <p><i>Counties: Edgecombe, Halifax, Nash, Northampton and Wilson</i></p>	<p>Andrea Wright Mid-Carolina Council of Governments P.O. Box 1510 Fayetteville, N.C. 28302 (910) 323-4191 ext. 25 FAX: (910) 323-9330 e-mail: andrea@mccog.org</p> <p><i>Counties: Cumberland, Harnett and Sampson</i></p>

Long Term Care Ombudsman Program History

The Long Term Care Ombudsman Program was established by authorizations included in the federal Older Americans Act through amendments in 1978. Following the successful completion of pilot ombudsman programs in seven states, authorization for a national Long Term Care Ombudsman Program was enacted requiring that every state establish a Long Term Care Ombudsman Program. In subsequent years, further amendments to the Older Americans Act expanded the jurisdiction and scope of the Long Term Care Ombudsman Program to cover both nursing homes and adult care homes. The broader scope included the creation of a network of trained volunteers, an informal complaint resolution process and systems advocacy responsibilities related to problems impacting residents in long term care facilities.

In 1989, the North Carolina State Long Term Care Ombudsman Program was codified into state law through General Statute 143B-181.15-.25 which mirrors the federal mandates set forth in the Older Americans Act for the Program. The State Legislation includes the responsibilities of the Long Term Care Ombudsman Program administered through an Office of State Long Term Care Ombudsman as well as the functions of an Office of Regional Long Term Care Ombudsman Program. The North Carolina State Long Term Care Ombudsman Program is located in the Department of Health and Human Services, Division of Aging and Adult Services. The Regional Long Term Care Ombudsman Programs are housed in the 17 Area Agencies on Aging across the state.

Long Term Care Ombudsman Program Purpose

The North Carolina Long Term Care Ombudsman Program’s mission is to protect residents’ rights and improve the quality of care and life of residents in long term care facilities by providing access and advocacy

services that assist residents in protecting their health, safety, welfare, and rights. The program provides information to citizens about the long term care system as well as assistance accessing services. The Long Term Care Ombudsman Program’s mandated responsibilities are to:

- Receive and attempt to resolve complaints made by or on behalf of residents in long term care facilities;
- Provide information to the general public on long term care issues;
- Promote community involvement with long term care residents and facilities;
- Work with long term care providers to resolve issues of common concern;
- Assist long term care providers with staff training (particularly on Residents’ Rights);
- Train and provide technical assistance to community advisory committee volunteers appointed by county commissioners;
- Collect and report data regarding the number of complaints handled and other program activities;
- Carry out activities for community education and prevention of elder abuse, neglect, and exploitation; and
- Provide information to public agencies, legislators, and others on problems impacting the rights of residents as well as make recommendations for resolution of issues identified.

2005 Services Overview

October 1, 2004 - September 30, 2005

State and Regional Long Term Care Ombudsman Program

(Detailed information about these activities is provided on pages 11 - 13 of this report.)

2,972	Complaints processed through the LTC Ombudsman Program
1,343	Complainants assisted by State and Regional LTC Ombudsmen
8,968	Resident visits made in adult care homes and nursing homes
555	Facility licensure surveys observed
136	Resident Council meetings attended
96	Family Council meetings attended
16,385	Individuals provided with technical assistance on LTC issues
5,446	Consultations provided to LTC providers
501	Training sessions provided for staff in LTC facilities
776	Community education sessions provided
3,235	Hours spent training community advisory committee members and new ombudsman

Appendix D	
Long Term Care Ombudsman Program	
NC Division of Aging and Adult Services, North Carolina Regional Ombudsmen	
A	B
Sara Melton Southwestern Planning Commission P.O. Box 850 Bryson City, N.C. 28713 (828) 488-9211 ext. 3032 FAX: (828) 488-3950 e-mail: sarajane@regiona.org <i>Counties: Cherokee, Clay, Graham, Haywood, Jackson, Ma- con and Swain</i>	Barbara Hinshaw and Terry Collins Land-of-Sky Regional Council 25 Heritage Drive Asheville, N.C. 28806 (828) 251-6622 FAX: (828) 251-6353 Toll-Free: 1-800-727-0557 e-mail: barbara@landofsky.org terry_c@landofsky.org <i>Counties: Buncombe, Henderson, Madison and Transylvania</i>
C	D
Lori Simpson Isothermal Commission P.O. Box 841 Rutherfordton, N.C. 28139 (828) 287-2281 ext. 1222 Toll Free: 1-800-331-09891 FAX: (828) 287-2735 e-mail: lsimpson@regionc.org <i>Counties: Cleveland, McDowell, Polk and Rutherford</i>	Alex Jernigan High Country Council of Governments P.O. Box 1820 Boone, N.C. 28607 (828) 265-5434 ext. 126 / FAX: (828) 265-5439 Toll Free: 1-866-219-3643 e-mail: ajernigan@regiond.org <i>Counties: Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes and Yancey</i>
E	F
Roxanne Powell Western Piedmont Council of Governments P O Box 9026 Hickory, N.C. 28603 (828) 485-4213 and (828) 485-4266 FAX: (828) 322-5991 e-mail: roxanne.powell@nwpcog.org <i>Counties: Alexander, Burke, Caldwell and Catawba</i>	Debi Lee, Linda Miller, Cindy Kincaid and Hillary Kaylor Centralina Council of Governments P.O. Box 35008 Charlotte, N.C. 28235 (704) 348-2714, 348-2712, 348-2715, 348-2724, or 348-272 / FAX: (704) 347-4710 Toll Free:1-800-508-5777 e-mail: dlee@centralina.org, lmiller@centralina.org, ckincaid@centralina.org; hkaylor@centralina.org <i>Counties: Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley, Union</i>

§ 143B-181.22. State/Regional Long-Term Care Ombudsman; confidentiality.

The identity of any complainant, resident on whose behalf a complaint is made, or any individual providing information on behalf of the resident or complainant relevant to the attempted resolution of the complaint along with the information produced by the process of complaint resolution is confidential and shall be disclosed only as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq. (1989, c. 403, s. 1;1995, c. 254, s. 5.)

§ 143B-181.23. State/Regional Long-Term Care Ombudsman; prohibition of retaliation.

No person shall discriminate or retaliate in any manner against any resident or relative or guardian of a resident, any employee of a long-term care facility, or any other person because of the making of a complaint or providing of information in good faith to the State Ombudsman or Regional Ombudsman. (1989, c. 403.)

§ 143B-181.24. Office of State/Regional Long-Term Care Ombudsman; immunity from liability.

No representative of the Office shall be liable for good faith performance of official duties. (1989, c. 403.)

§ 143B-181.25. Office of State/Regional Long-Term Care Ombudsman; penalty for willful interference.

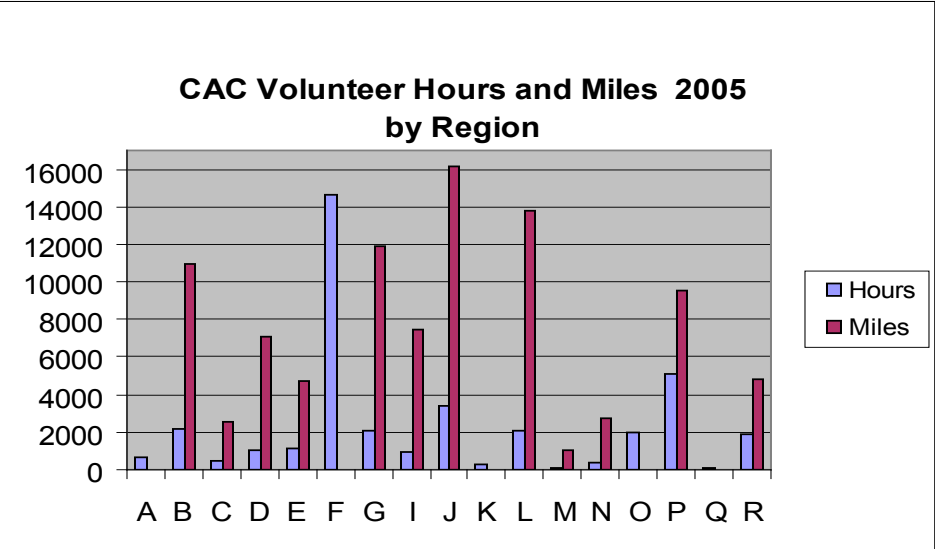
Willful or unnecessary obstruction with the State or Regional Long-Term Care Ombudsman in the performance of his official duties is a Class 1 misdemeanor. (1989, c. 403; 1993, c. 539, s. 1039; 1994, Ex. Sess., c. 24, s. 14(c).)

Program Organization

The State Long Term Care Ombudsman Program is part of the Elder Rights and Special Initiatives Section in the Division of Aging and Adult Services within the North Carolina Department of Health and Human Services. The State Long Term Care Ombudsman, along with an Ombudsman Program Specialist and an Ombudsman/Elder Rights Specialist, manage day-to-day program administration which includes ensuring all newly hired regional ombudsmen complete the required state certification process and assuring that the Program mandates of the Older Americans Act as amended and N. C. General Statutes are met.

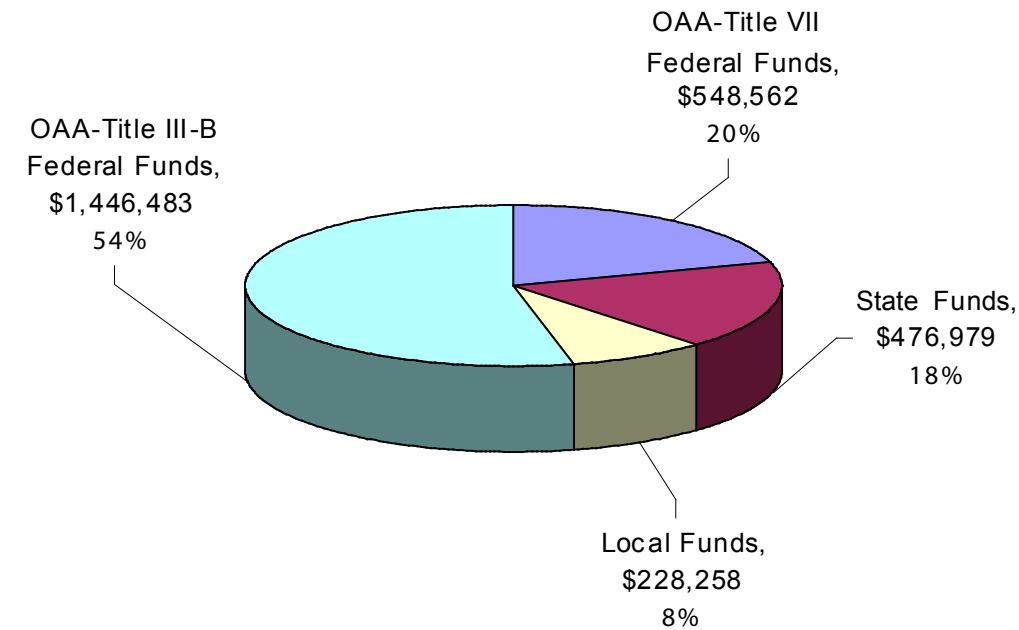
Currently, there are 27.5 Regional Long Term Care Ombudsmen housed in the 17 Area Agencies on Aging across the state. The Area Agencies on Aging were placed in sub-state regional planning councils known as Councils of Government which were created by the General Assembly in the early 70's. Each region of the state was designated by a letter of the alphabet to identify the group of counties assigned to a specific Council of Governments. As a part of the Area Agency on Aging, each Regional Long Term Care Ombudsman Program provides advocacy and direct services to long term care residents within the designated number of counties.

The community advisory committee volunteers were established through state legislation in the mid 70's. Local boards of county commissioners were authorized to appoint local citizens to serve as advocates for residents in long term care facilities. Each community advisory committee member appointed must complete 15 hours of initial training prior to assuming their official duties as mandated by state law (G.S. 131D-31 and G. S. 131E-128). The Regional Long Term Care Ombudsman Program ensures that each volunteer appointed completes the training requirements established in the State Long Term Care Ombudsman Program's Policies and Procedures in order to serve as 'grassroots advocates' in their respective communities. There are currently 1,167 trained volunteers actively serving on adult care home, nursing home, or joint community advisory committees in all 100 counties of the state.



North Carolina Long Term Care
Ombudsman Program

Expenditures Funding Sources
October 2004 - September 2005



The Division of Aging and Adult Services administers the federal and state funding that supports the Long Term Care Ombudsman Program in North Carolina. Approximately 85% of all funds shown in this chart are allocated to the Area Agencies on Aging for operation of the 17 Regional Ombudsmen Programs.

State fund expenditures include \$158,704 to support the state level Long Term Care Ombudsman Program, provide matching funds for Title III and VII, and \$318,275 in state appropriations allocated to Area Agencies on Aging for Regional Ombudsman Programs.

§ 143B-181.20. State/Regional Long-Term Care Ombudsman; authority to enter; cooperation of government agencies; communication with residents.

- (a) The State and Regional Ombudsman may enter any long-term care facility and may have reasonable access to any resident in the reasonable pursuit of his function. The Ombudsman may communicate privately and confidentially with residents of the facility individually or in groups. The Ombudsman shall have access to the patient records as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. §3001 et seq., and under procedures established by the State Ombudsman pursuant to G.S. 143B-181.18(6). Entry shall be conducted in a manner that will not significantly disrupt the provision of nursing or other care to residents and if the long-term care facility requires registration of all visitors entering the facility, then the State or Regional Ombudsman must also register. Any State or Regional Ombudsman who discloses any information obtained from the patient's records except as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq., is guilty of a Class 1 misdemeanor.
- (b) The State or Regional Ombudsman shall identify himself as such to the resident, and the resident has the right to refuse to communicate with the Ombudsman.

(c) The resident has the right to participate in planning any course of action to be taken on his behalf by the State or Regional Ombudsman, and the resident has the right to approve or disapprove any proposed action to be taken on his behalf by the Ombudsman.

- (d) The State or Regional Ombudsman shall meet with the facility administrator or person in charge before any action is taken to allow the facility the opportunity to respond, provide additional information, or take appropriate action to resolve the concern.
- (e) The State and Regional Ombudsman may obtain from any government agency, and this agency shall provide, that cooperation, assistance, services, data, and access to files and records that will enable the Ombudsman to properly perform his duties and exercise his powers, provided this information is not privileged by law.
- (f) If the subject of the complaint involves suspected abuse, neglect, or exploitation, the State or Regional Ombudsman shall notify the county department of social services' Adult Protection Services section of the county department of social services, pursuant to Article 6 of Chapter 108A of the General Statutes. (1989, c. 403, s. 1; 1993, c. 539, s. 1038; 1994, Ex. Sess., c. 24, s. 14(c); 1995, c. 254, s. 4.)

§ 143B-181.21. State/Regional Long-Term Care Ombudsman; resolution of complaints.

- (a) Following receipt of a complaint, the State or Regional Ombudsman shall attempt to resolve the complaint using, whenever possible, informal technique of mediation, conciliation, and persuasion.
- (b) Complaints or conditions adversely affecting residents of long-term care facilities that cannot be resolved in the manner described in subsection (a) of this section shall be referred by the State or Regional Ombudsman to the appropriate licensure agency pursuant to G.S. 131E-100 through 110 and G.S.131D-2. (1989, c. 403.)

Secretary of the Department of Health and Human Services pursuant to G.S. 143B-10;

- (3) Certify regional ombudsmen. Certification requirements shall include an internship, training in the aging process, complaint resolution, long-term care issues, mediation techniques, recruitment and training of volunteers, and relevant federal, State, and local laws, policies, and standards;
- (4) Attempt to resolve complaints made by or on behalf individuals who are residents of long-term care facilities, which complaints relate to administrative action that may adversely affect the health, safety, or welfare of residents;
- (5) Provide training and technical assistance to regional ombudsmen;
- (6) Establish procedures for appropriate access by regional ombudsmen to long-term care facilities and residents' records including procedures to protect the confidentiality of these records and to ensure that the identity of any complainant or resident will not be disclosed except as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq.;
- (7) Analyze data relating to complaints and conditions in long-term care facilities to identify significant problems and recommend solutions;
- (8) Prepare an annual report containing data and findings regarding the types of problems experienced and complaints reported by residents as well as recommendations for resolutions of identified long-term care issues;
- (9) Prepare findings regarding public education and community involvement efforts and innovative programs being provided in long-term care facilities; and
- (10) Provide information to public agencies, and through the State Ombudsman, to legislators, and others regarding problems encountered by residents or providers as well as recommendations for resolution. (1989, c. 403, s. 1; 1995, c. 254, s. 3; 1997-443, s. 11A.118(a).)

§ 143B-181.19. Office of Regional Long-Term Care Ombudsman; Regional Ombudsman; duties.

- (a) An Office of Regional Ombudsman Program shall be established in each of the Area Agencies on Aging, and shall be headed by a Regional Ombudsman who shall carry out the functions and duties of the Office. The Area Agency on Aging administration shall provide administrative supervision to each Regional Ombudsman.
- (b) Pursuant to policies and procedures established by the State Office of Long-Term Care Ombudsman, the Regional Ombudsman shall:
 - (1) Promote community involvement with long-term care facilities and residents of long-term care facilities and serve as a liaison between residents, residents' families, facility personnel, and facility administration;
 - (2) Receive and attempt to resolve complaints made by or on behalf of residents in long-term care facilities;
 - (3) Collect data about the number and types of complaints handled;
 - (4) Work with long-term care providers to resolve issues of common concern;
 - (5) Work with long-term care providers to promote increased community involvement;
 - (6) Offer assistance to long-term care providers in staff training regarding residents' rights;
 - (7) Report regularly to the office of State Ombudsman about the data collected and about the activities of the Regional Ombudsman;
 - (8) Provide training and technical assistance to the community advisory committees; and
 - (9) Provide information to the general public on long-term care issues. (1989, c. 403.)

COMMUNICATION: A Key to Good Care

The Regional Ombudsman was asked to meet with a resident who lives in a local nursing home and his wife to discuss concerns that had been raised about the Power of Attorney that the resident designated in 2003 which gave his wife authority to make health care decisions. Concerns had now been raised about his wife's emotional stability. The resident is a 92 year old male and has had various medical problems over that last 30 years. Currently, he has dementia and terminal cancer.

Recently, the resident's physician had talked with the wife and son about ordering a feeding tube for the resident. After thinking about it, the wife remembered that her husband had clearly stated what kind of end of life care he wanted so a decision was made not to insert a feeding tube for nutrition or hydration. Unfortunately, the physician was not in agreement with the decision and began to question the wife's emotional stability. The wife then asked Hospice to become a part of her husband's last days. A week after Hospice became involved, the facility and the physician made the decision to not allow the wife to feed the resident based on the risk of aspiration. The decision was made without the involvement of Hospice. The wife also learned from the assigned Hospice nurse that she had not been made aware of the new order and did not understand why the order was written. The Regional Ombudsman met with the facility administrator and social worker after obtaining written permission from the wife.

As they talked about the situation, the Ombudsman inquired if the nursing home staff could teach the wife to feed her husband. At first they agreed that they could, but then indicated they had already tried to teach her. The Ombudsman focused the staff on what seemed to be a communication problem between the physician, nursing home and Hospice and encouraged them to meet together with the wife and talk about the issue to be sure they were "all on the same page." About that time, there was a knock on the door and someone stated "Hospice needs to be involved in this meeting." First, the Hospice social worker joined the conversation and a few minutes later the Hospice nurse also joined the group. The Ombudsman explained what they had been discussing and the concerns about feeding that the wife had. The wife told the Ombudsman that when a staff member had fed him the day before, her husband had stated 5 times that he did not want anymore, yet they continued to feed him. The Hospice staff verified that they had taught the wife how to feed him and had monitored and supported her during this time. Everyone was in agreement that she should be feeding him, but that they needed to talk with the physician first. This closeness was all the couple had left together. These comments reiterated the fact that they needed to communicate between each other on a regular basis. After the meeting, the Regional Ombudsman went back to the resident's room and told the wife that everyone was now working towards her being able to feed him again.

Later on that day she was informed she could once again feed her husband of over 36 years.

Long Term Care Ombudsman Program Services

Technical Consultation to the General Public

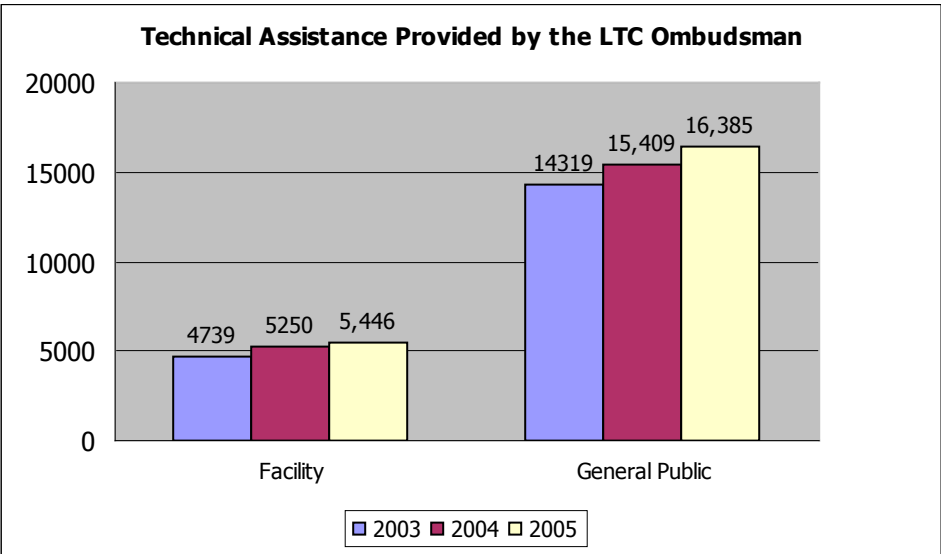
Ombudsmen provided technical assistance consultations to **16,385 individuals** during 2005. The information most frequently requested included:

- Quality of care issues and Residents’ Rights.
- Options for selection of a long term care facility.
- Long term care regulations and rules.
- Protection of Residents’ Rights during the Transfer/Discharge process.

Technical Assistance to Nursing Homes and Adult Care Homes

The Program responded to **5,446 consultation requests** from long term care providers regarding resident care issues such as:

- How to deal effectively with challenging resident behaviors.
- Explanation of the role of the Long Term Care Ombudsman Program.
- Ensuring Residents’ Rights are protected when addressing issues such as roommate conflicts, elopements, falls, and privacy.



Informal Complaint Resolution

The Long Term Care Ombudsman Program receives, investigates, and attempts to resolve complaints made by or on behalf of residents in long term care facilities. Confidentiality is the foundation of the complaint resolution process. Long Term Care Ombudsmen do not disclose the identity of any person registering complaints with the program nor the details of a complaint in any way that could identify the complainant unless written informed consent has been given for disclosure.

Appendix C

Long-Term Care Ombudsman Program.

Part 14D. North Carolina State Long-term Care Ombudsman Program

§ 143B-181.15. Long-Term Care Ombudsman Program/Office; policy.
It is the intent of the General Assembly to protect and improve the quality of care and life for residents through the establishment of a program to assist residents and providers in the resolution of complaints or common concerns, to promote community involvement and volunteerism in long-term care facilities, and to educate the public about the long-term care system.

The General Assembly finds that a significant number of older citizens of this State reside in long-term care facilities and are dependent on others to provide their care. It is the further intent of the General Assembly that the Department of Health and Human Services, within available resources and pursuant to its duties under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq., ensure that the quality of care and life for these residents is maintained, that necessary reports are made, and that, when necessary, corrective action is taken at the Department level. (1989, c. 403, s. 1; 1995, c. 254, s. 1; 1997-443, s. 11A.118(a).)

- § 143B-181.16. Long-Term Care Ombudsman Program/Office; definition.**
Unless the content clearly requires otherwise, as used in this Article:
- (1) “Long-term care facility” means any skilled nursing facility and intermediate care facility as defined in G.S. 131A-3(4) or any adult care home as defined in G.S. 131D-20(2).
 - (2) “Resident” means any person who is receiving treatment or care in any long-term care facility.
 - (3) “State Ombudsman” means the State Ombudsman as defined by the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq., who carries out the duties and functions established by this Article.
 - (4) “Regional Ombudsman” means a person employed by an Area Agency on Aging to carry out the functions of the Regional Ombudsman Office established by this Article. (1989, c. 403, s. 1; 1995, c. 254, s. 2; c. 535, s. 35.)

§ 143B-181.17. Office of State Long-Term Care Ombudsman Program/Office; establishment.
The Secretary of Department of Health and Human Services shall establish and maintain the Office of State Long-Term Ombudsman in the Division of Aging. The Office shall carry out the functions and duties required by the Older Americans Act of 1965, as amended. This Office shall be headed by a State Ombudsman who is a person qualified by training and with experience in geriatrics and long-term care. The Attorney General shall provide legal staff and advice to this Office. (1989, c. 403, s. 1; 1997-443, s. 11A.118(a).)

- § 143B-181.18. Office of State Long-Term Care Ombudsman Program/State Ombudsman duties.**
The State Ombudsman shall:
- (1) Promote community involvement with long-term care providers and residents of long-term care facilities and serve as liaison between residents, residents’ families, facility personnel, and facility administration;
 - (2) Supervise the Long-Term Care Program pursuant to rules adopted by the

- (C) specify an annual number of hours of in-service training for all designated representatives;
- (5) prohibit any representative of the Office (other than the Ombudsman) from carrying out any activity described in subparagraphs (A) through (G) of subsection (a)(3) unless the representative--
- (A) has received the training required under paragraph (4); and
- (B) has been approved by the Ombudsman as qualified to carry out the activity on behalf of the Office;
- (6) coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under--
- (A) part A of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 et seq.); and
- (B) the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.);
- (7) coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under section 306(a)(2)(C), through adoption of memoranda of understanding and other means ;
- (8) coordinate services with State and local law enforcement agencies and courts of competent jurisdiction; and
- (9) permit any local Ombudsman entity to carry out the responsibilities described in paragraph (1), (2), (3), (6), or (7).
- (i) Liability.--The State shall ensure that no representative of the Office will be liable under State law for the good faith performance of official duties.

(j) Noninterference.--The State shall--

- (1) ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful;
- (2) prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office; and
- (3) provide for appropriate sanctions with respect to the interference, retaliation, and reprisals.

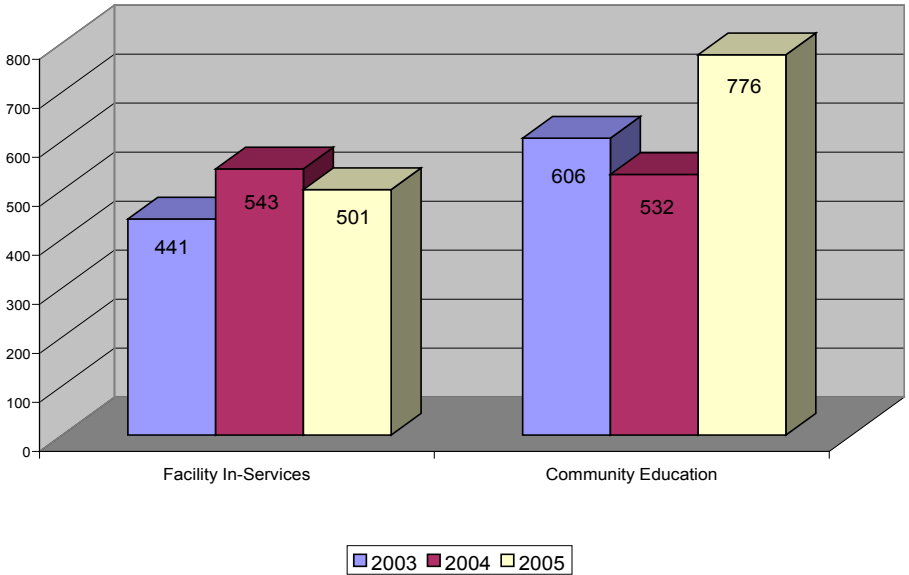
The Long Term Care Ombudsman Program responded to **2,972 complaints** from **1,343 individuals** in 2005. Sixty-three percent (63%) of those complaints were related to problems experienced in nursing homes and thirty-seven percent (37%) of complaints received involved problems experienced in adult care homes.

In-Service Education for Facility Staff

The Long Term Care Ombudsman Program provided **501 training sessions** for long term care staff during 2005. Several Regional Ombudsman Programs conducted annual training conferences for direct care staff and social workers designed to enhance basic caregiver and stress management skills. Regional Ombudsmen provided training on topics such as:

- Residents' Rights.
- Role of the Long Term Care Ombudsman Program.
- Elder Abuse Identification and Prevention.
- Sensitivity to Sensory Losses Associated with Aging.

**Education and Training Provided by LTC Ombudsman Program
2005**



Community Education

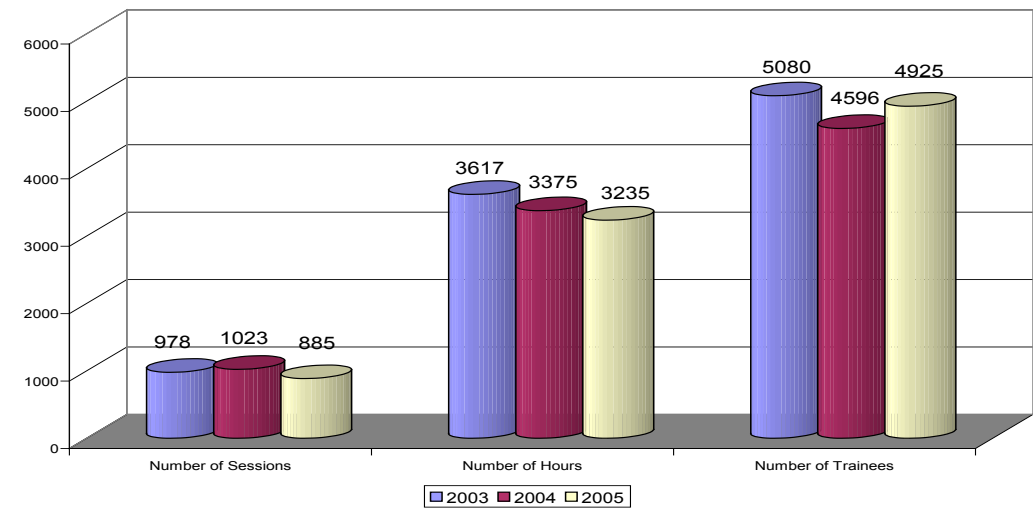
The Long Term Care Ombudsman Program provided **776 educational sessions** for a variety of community audiences during 2005. Workshop topics included:

- Understanding Residents' Rights.
- Ombudsman Program Roles and Services.
- Understanding the Transfer/Discharge Process.
- Recognizing and Reporting Elder Abuse.
- Understanding the Medicare Part D Prescription Program.

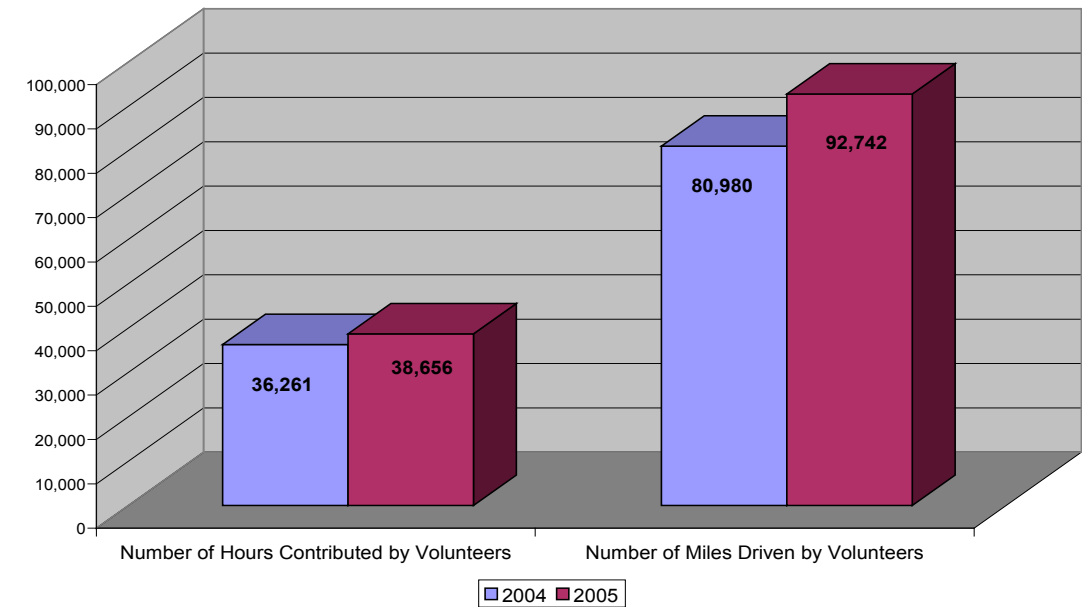
Volunteer Management

The Long Term Care Ombudsman Program provided **885 sessions** and **3,235 hours** of training for community advisory committee volunteers and new regional ombudsmen during 2005. Regional Ombudsmen spent approximately 36% of their time providing initial training for newly appointed community advisory committee members, coordinating ongoing committee training, and regularly providing technical assistance to the local advisory committees. Through these activities, the Ombudsman Program provided consistent support for 1,167 trained, active community advisory committee volunteers throughout 2005.

LTC Ombudsman and Volunteer Training Sessions



Community Advisory Committee Volunteers with the LTC Ombudsman Program



- (h) Administration.--The State agency shall require the Office to--
(1) prepare an annual report--
(A) describing the activities carried out by the Office in the year for which the report is prepared;
(B) containing and analyzing the data collected under subsection (c);
(C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
(D) containing recommendations for--
(i) improving quality of the care and life of the residents; and
(ii) protecting the health, safety, welfare, and rights of the residents;
(E) (I) analyzing the success of the program including success in providing services to residents of board (and care facilities and other similar adult care facilities; and
(ii) identifying barriers that prevent the optimal operation of the program; and
(F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;
(2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulation, and policies as the Office determines to be appropriate;
(3) (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding--
(i) the problems and concerns of older individuals residing in long-term care facilities; and
(ii) recommendations related to the problems and concerns; and
(B) make available to the public, and submit to the Assistant Secretary, the chief executive officer of the State, the State legislature, the State agency responsible for licensing or certifying long-term care facilities, and other appropriate governmental entities, each report prepared under paragraph (1);
(4) strengthen and update procedures for the training of the representatives of the Office, including unpaid volunteers, based on model standards established by the Director of the Office of Long-Term Care Ombudsman Programs, in consultation with representatives of citizen groups, long-term care providers, and the Office, that--
(A) specify a minimum number of hours of initial training;
(B) specify the content of the training, including training relating to--
(i) Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;
(ii) investigative techniques; and
(iii) such other matters as the State determines to be appropriate; and

- (ii)
 - (I) the complainant or resident gives consent orally; and
 - (II) the consent is documented contemporaneously in a writing made by a representative of the Office in accordance with such requirements as the State agency shall establish; or
 - (iii) the disclosure is required by court order.
- (e) Consultation.--In planning and operating the program, the State agency shall consider the views of area agencies on aging, older individuals, and providers of long-term care.

(f) **Conflict of Interest.—The State agency shall—**

- (1) **Ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;**
 - (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
 - (3) ensure that the Ombudsman--
 - (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
 - (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
 - (C) is not employed by, or participating in the management of, a long-term care facility; and
 - (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
 - (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as--
 - (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
 - (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.
- (g) Legal Counsel.--The State agency shall ensure that--
 - (1)
 - (A) adequate legal counsel is available, and is able, without conflict of interest, to--
 - (i) provide advice and consultation needed to protect the health, safety, welfare, and rights of residents; and
 - (ii) assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives; and
 - (B) legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the Ombudsman or such a representative; and
 - (2) the Office pursues administrative, legal, and other appropriate remedies on behalf of residents.

Ombudsman Training and Certification

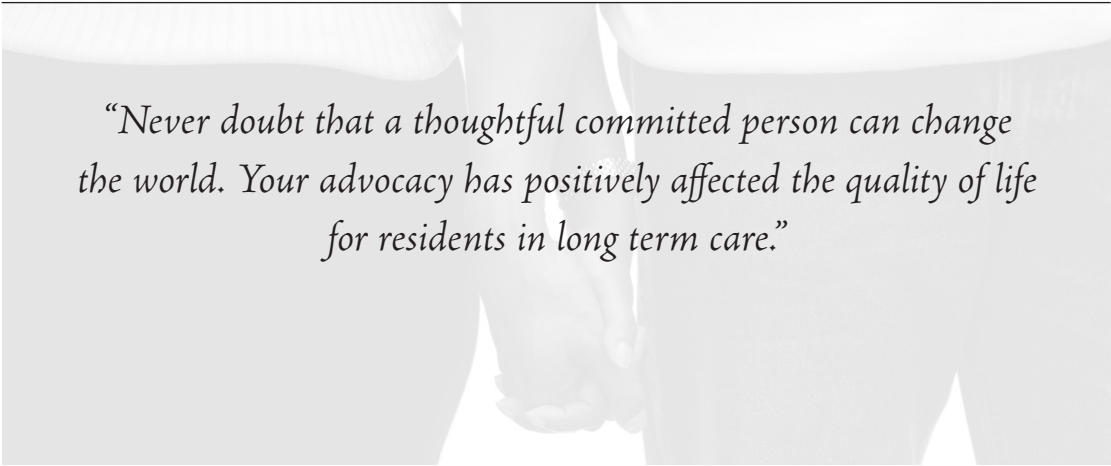
Five (5) new Regional Long Term Care Ombudsmen completed the Division of Aging and Adult Services' Long Term Care Ombudsman Program's requirements for certification during 2005. The Ombudsman Program certification process includes five days of intense training with staff in the Office of State Long Term Care Ombudsman, internships in nursing homes, adult care homes and family care homes, plus completion of a required reading list. The State Office also works cooperatively with the Regional Long Term Care Ombudsman Association to match each newly certified regional ombudsman with a mentor from a pool of more experienced regional ombudsmen. The mentor is available one-on-one for at least one year. Finally, all Regional Long Term Care Ombudsmen must attend 20 hours of certification training each year which is provided quarterly in five hour increments by the Office of State Long Term Care Ombudsman.

2005 Long-Term Care Leadership Summit

*In November, the Piedmont Triad Council of Governments and the Northwest Piedmont Council of Governments Regional Long Term Care Ombudsman Programs hosted the **2005 Long Term Care Leadership Summit and Long Term Care Social Workers Appreciation Luncheon** in Greensboro, N.C. The purpose of this event was to provide long term care administrators and social workers with an opportunity for professional enhancement through education, development and networking.*

The educational component focused on the new Medicare Modernization Act and the impact this legislation may have on long term care residents. A panel of expert presenters including Jeanie Schepisi, SHIIP; Ozella Bundy, Social Security Administration; Sam Clark, NC Health Care Facilities Association; Jerry Cooper, NC Assisted Living Association; Neil Williams, Long Term Care Pharmacist; and Belinda Wilson, NC Association of Long Term Care Facilities, provided an overview of Medicare Part D, the low-income subsidy and implications for long term care residents. Attendees were appreciative of the opportunity to ask questions and to express concerns about anticipated challenges that long term care professionals may face during implementation of Medicare Part D program.

*Long term care social workers were also honored during the Luncheon in appreciation for their hard work and dedication. **The 2005 Long Term Care Social Work Achievement Award** was presented to one social worker from each region who has modeled excellence in the field of long term care social work and who has made exemplary contributions toward improving the quality of life for long term care residents and their families. Nursing home administrators were invited to submit nominations for a social worker who exemplified the social work values of service, social justice, and dignity and worth of the person. This year's winners are Ms. Bobetta Waynick of Evergreens Senior Healthcare System in Greensboro (Region G) and Ms. Kathy Spencer from Lutheran Homes in Winston-Salem (Region I). The Piedmont Triad Council of Governments and Northwest Piedmont Council of Governments Elder Rights Programs presented each social worker with a plaque that read:*



“Never doubt that a thoughtful committed person can change the world. Your advocacy has positively affected the quality of life for residents in long term care.”

- (iii) Confidentiality and disclosure.--The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest.
- (b) Procedures for Access.--
 - (1) In General.--The State shall ensure that representatives of the Office shall have--
 - (A) access to long-term care facilities and residents;
 - (B)
 - (i) appropriate access to review the medical and social records of a resident, if--
 - (I) the representative has the permission of the resident, or the legal representative of the resident; or
 - (II) the resident is unable to consent to the review and has no legal representative; or
 - (ii) access to the records as is necessary to investigate a complaint if--
 - (I) a legal guardian of the resident refuses to give the permission;
 - (II) a representative of the Office has reasonable cause to believe that the guardian is not acting in the best interests of the resident; and
 - (III) the representative obtains the approval of the Ombudsman;
 - (C) access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities; and
 - (D) access to and, on request, copies of all licensing and certification records maintained by the State with respect to long-term care facilities.
 - (2) Procedures.--The State agency shall establish procedures to ensure the access described in paragraph (1).
- (c) Reporting System.--The State agency shall establish a statewide uniform reporting system to--
 - (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and
 - (2) submit the data, on a regular basis, to--
 - (A) the agency of the State responsible for licensing or certifying long-term care facilities in the State;
 - (B) other State and Federal entities that the Ombudsman determines to be appropriate;
 - (C) the Assistant Secretary; and
 - (D) the National Ombudsman Resource Center established in section 202(a)(21).
- (d) Disclosure.--
 - (1) In general.--The State agency shall establish procedures for the disclosure by the Ombudsman or local Ombudsman entities of files maintained by the program, including records described in subsection (b)(1) or (c).
 - (2) Identity of complainant or resident.--The procedures described in paragraph (1) shall--
 - (A) provide that, subject to subparagraph (B), the files and records described in paragraph (1) may be disclosed only at the discretion of the Ombudsman (or the person designated by the Ombudsman to disclose the files and records); and
 - (B) prohibit the disclosure of the identity of any complainant or resident with respect to whom the Office maintains such files or records unless--
 - (i) the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;

- (iii) provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
- (I) carry out such other activities as the Assistant Secretary determines to be appropriate
- (4) Contracts and arrangements.--
 - (A) In general.--Except as provided in subparagraph (B), the State agency may establish and operate the Office, and carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization.
 - (B) Licensing and certification organizations; associations.--The State agency may not enter into the contract or other arrangement described in subparagraph (A) with--
 - (i) an agency or organization that is responsible for licensing or certifying long-term care services in the State; or
 - (ii) an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals.
- (5) Designation of local ombudsman entities and representatives.--
 - (A) Designation.--In carrying out the duties of the Office, the Ombudsman may designate an entity as a local Ombudsman entity, and may designate an employee or volunteer to represent the entity.
 - (B) Duties.--An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency--

- (i) provide services to protect the health, safety, welfare and rights of residents;
- (ii) ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;
- (vi) support the development of resident and family councils; and

- (vii) carry out other activities that the Ombudsman determines to be appropriate.
- (C) Eligibility for designation.--Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall--
 - (i) have demonstrated capability to carry out the responsibilities of the Office;
 - (ii) be free of conflicts of interest and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves;
 - (iii) in the case of the entities, be public or nonprofit private entities; and
 - (iv) meet such additional requirements as the Ombudsman may specify.
- (D) Policies and procedures.--
 - (i) In general.--The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.
 - (ii) Policies.--In a case in which the entities are grantees, or the representatives are employees, of area agencies on aging, the State agency shall develop the policies in consultation with the area agencies on aging. The policies shall provide for participation and comment by the agencies and for resolution of concerns with respect to case activity.

Complaint Management
Summary–2005

Receiving and attempting to resolve complaints from any source made on behalf of or by long term care residents is a primary responsibility of the North Carolina Long Term Care Ombudsman Program. Data from complaints processed by the program are collected quarterly from the 17 Regional Ombudsman Programs in North Carolina through an Ombudsman Program Complaint Tracking System. Federal and state laws require that the Complaint Tracking System be a confidential data base accessible only by certified long term care ombudsmen. Numerical data is compiled into an annual report that is submitted to the U. S. Administration on Aging. The Administration on Aging then publishes this information from all states through the National Ombudsman Reporting System (NORS) and makes it available on their web site: www.aoa.gov.

During 2005, the North Carolina Long Term Care Ombudsman Program handled 2,972 complaints received from 1,343 individuals. There was a 16% decline in the total number of complaints compared to last year. In analyzing complaints by region, the greatest drop in number of complaints (664) occurred in one region where the regional ombudsman resigned after months of poor health. Several months later, in February 2005, a new Regional Ombudsman completed certification requirements and began working with area long term care facilities, community advisory committees and residents in the region. In two other regions, there were significant periods of time during which several experienced regional ombudsmen were out of service for an extended period due to illness which also resulted in fewer complaints (252) being processed. While Ombudsmen in the State Office made every effort to provide access and services during these periods, some complainants were referred directly to regulatory agencies such as the county departments of social services or the N. C. Division of Facility Services for more immediate assistance.

A brief review of complaint trends shows the following:

- 1,868 nursing home complaints were received by program representatives, of which 1,542 or 83% were resolved or partially resolved by the Long Term Care Ombudsman Program. At the same time 1,104 adult care home complaints were processed with 822 complaints or 75% partially or fully resolved through the Program's informal grievance resolution process which means that the resident or other complainants were satisfied or partially satisfied with the results.
- There were 187 nursing home complaints and 194 adult care home complaints investigated by Program representatives where it was determined that no further action by the Long Term Care Ombudsman Program was needed. This represented 13% of the total complaints received by the Program.
- There were only 62 nursing home complaints and 19 adult care home complaints or 3% of the total annual complaints that could not be resolved to the satisfaction of the resident or complainant.
- The majority of complainants requesting ombudsman assistance with nursing home issues (473 or 56%) were in the family members, friends or legal representative category. Residents living in nursing facilities (241 or 28%) were the second largest group of complainants.
- The majority of complainants who reported adult care home problems were residents. There was a 4% increase over last year in the number of adult care home residents (253) filing complaints on their own behalf this year.
- The relatives, friends, or legal representative category was the second largest source of complaints with 143 persons filing complaints on behalf of an adult care home resident. This represents a 2% increase in this category from last year.

Charts included in this year’s Annual Report compare complaint trends for the three most current years by facility type, frequency, complainant type, disposition of complaints and most frequent complaints addressed in each facility type. Charts are also included that depict changes in the number of complaints investigated related to facility discharges and allegations of abusive practices. Tables located on pages 11, 12, and 13 illustrate the latest trends in the areas of technical assistance, educational sessions and facility staff training that have been provided by representatives of the Long Term Care Ombudsman Program. Technical assistance and consultation provided to residents, families and the public contacting the Program increased by 976 and consultations for facility staff by 196. This is the second year in the past three years that the Long Term Care Ombudsman Program has experienced a significant increase in requests for technical assistance and consultation.

The number of training sessions provided by the Long Term Care Ombudsman Program for new community advisory committee members and new regional ombudsmen decreased by 16%, while the number of persons trained increased by 329. The increase in the number of persons trained may reflect the commitment of the State Office to assist regions with training events for new committee volunteers across the state as part of our focus on the enhancement of community advisory committee volunteer training.

The 5-day certification training now required for newly hired regional ombudsmen has also been sustained this year through the Office of State Ombudsman’s commitment to provide comprehensive training that prepares new ombudsman for their many roles, including resident advocate, complaint investigator, mediator, volunteer manager, public speaker, and liaison between family, facility and community. Most of the local community advisory committees have significant volunteer turnover. Strong county level recruitment and training efforts are important roles of the regional ombudsmen.

Analysis of significant changes in the major complaint categories identified by the Administration on Aging shows that between 2003 and 2005, nursing home complaints about facility discharges increased nationally by (15%), while adult care home complaints related to facility discharges increased (44%). Within the broad Residents’ Rights category, the number of complaints received related to resident physical abuse have remained about the same since 2003. There has been a slight increase in the number of complaints received involving verbal abuse and financial exploitation. While there has been a slight decrease in the number of complaints of gross neglect of residents in nursing homes. At the same time, complaints about resident-to-resident abuse in North Carolina nursing homes increased from 11 in 2003 to 20 complaints in 2005. Complaints about abuse received from within the adult care home system have increased 25% in the physical abuse category and 18% in the mental abuse category, while the number of complaints about financial exploitation and resident-to-resident abuse has declined.

For the fourth consecutive year since 2001, the Long Term Care Ombudsman Program data reveals that the 27.5 regional ombudsmen working across North Carolina have maintained their responsibility to respond to consumer requests for Ombudsman Program services on behalf of residents in long term care facilities. Data also reflects that there have been no major increases in provision of core services even though the regional ombudsmen have continued to perform their mandated duties, they are at maximum capacity, partially due to increased demands on their time for facility in-service training, community education and resident assistance with discharge issues including providing representation at hearings. As in past years, the data illustrates that program expansion is at a standstill. A comparison of chart data continues to show that as ombudsman activity increases in some service areas, it simultaneously decreases in other service areas.

Appendix B

Title VII, Chapter 2, Section 712
200 Amendments to the Older Americans Act

SEC 712 (42 U.S.C. 3058g) STATE LONG-TERM CARE OMBUDSMAN PROGRAM.

- (a) Establishment.--

(1) In general.--In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702 and made available to carry out this chapter, a State agency shall, in accordance with this section--

(A) establish and operate an Office of the State Long-Term Care Ombudsman; and

(B) carry out through the Office a State Long-Term Care Ombudsman program.

(2) Ombudsman.--The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy.

(3) Functions.--The Ombudsman shall serve on a full-time basis, and shall, personally or through representatives of the Office--

(B) provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;

(C) inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);
- (D) ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;

(E) represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
- (F) provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;

(G)

(i) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State;

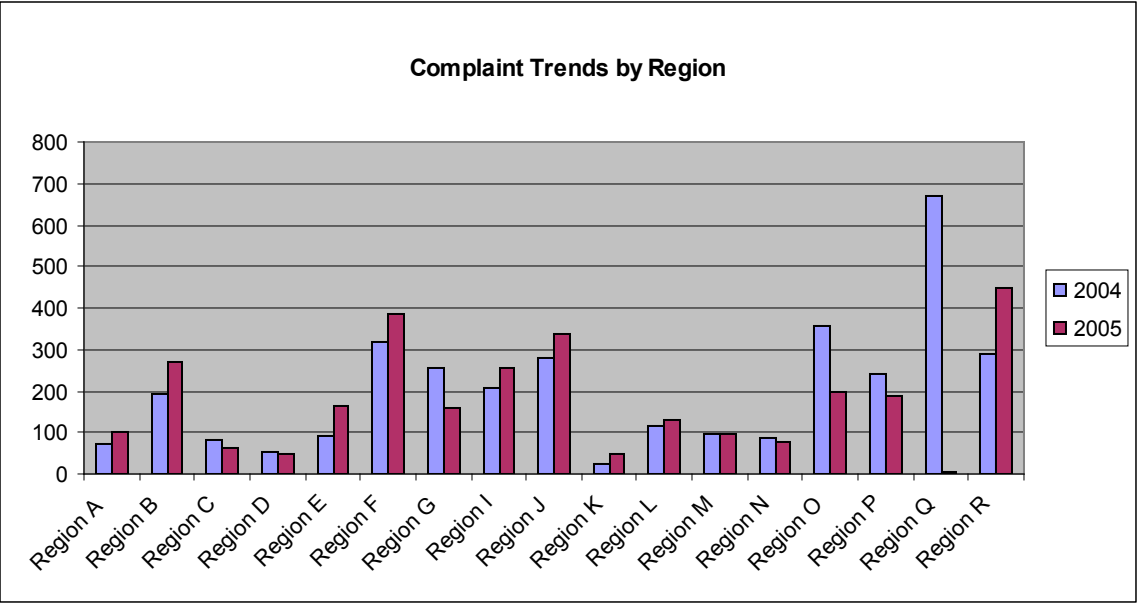
(ii) recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and

(iii) facilitate public comment on the laws, regulations, policies, and actions;

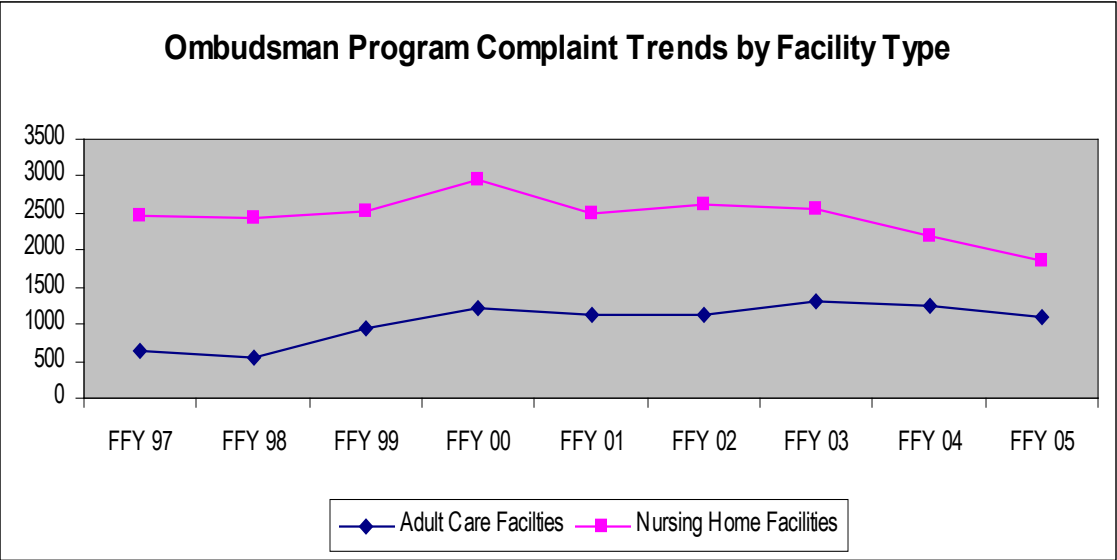
(H)

(i) provide for training representatives of the Office;

(ii) promote the development of citizen organizations, to participate in the program; and
- 43



Note: The Region Q data reflects an extended absence and resignation of the regional ombudsman who had served that region for over fifteen years.



Over eleven years ago, a ratio of one ombudsman for every 2,000 long term care beds was one of the recommendations included in the National Institute of Medicine’s Report on Long Term Care Ombudsman Programs published in 1995. At least 20 additional regional ombudsman positions are needed to provide sufficient program coverage for the 88,921 long term care residents in North Carolina based on this recommendation. There are currently only two of the seventeen regional programs that do not demonstrate a significant need for additional regional ombudsmen in

order provide timely and direct services to long term care residents. It is anticipated that demand for Long Term Care Ombudsman Program services will continue to grow, especially as the Baby Boomer generation begins to transition into long term care facilities and as the general public looks more to services of the Long Term Care Ombudsman Program to resolve care issues. The Program’s ability to effectively respond to steadily increasing consumer requests for assistance continues to be dependent upon planning now for future program expansion.

Long Term Care Ombudsman Program data continues to prove that complaints being handled by the Program are increasingly complicated residents’ rights issues. One significant trend has continued to be the issue of restrictive smoking policies that have been implemented for smoke free long term care facilities in an effort to improve resident safety and health. Well informed residents continue to contact the Program with complaints that their rights are being violated because they are not allowed to keep and use their own property or exercise their rights of personal choice, autonomy, dignity and respect. While the smoking issue is national in scope, long term care residents who have smoked for years are caught in a difficult transition.

Other notable issues that have been addressed by the Program include an increase in the number of complaints handled on behalf of younger individuals in adult care homes. These complaints have ranged from services not being rendered to complaints that persons are being kept in facilities against their will. This past year the Ombudsman Program has noted a trend of increasing violent behaviors in adult care homes, particularly related to resident violence against another resident in the same facility. There has also been a slight increase in the complexity of complaints the Program has handled that involve legal guardians, ranging from guardians who are too restrictive to wards who needed guidance on how to get their competency restored.

NORTH CAROLINA BILL OF RIGHTS FOR NURSING HOME RESIDENTS
(Condensed Version)

EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:

- 1. To be treated with consideration, respect and full recognition of personal dignity and individuality.
- 2. To receive care, treatment, and services that are adequate and appropriate, and in compliance with relevant federal and State rules.
- 3. To receive at the time of admission and during stay, a written statement of services provided by the facility and of related charges. Charges for services not covered under Medicare and Medicaid shall be specified.
- 4. To have on file physician’s orders with proposed schedule of medical treatment. Written, signed evidence of prior informed consent to participation in experimental research shall be in patient’s file.
- 5. To receive respect and privacy in his medical care program. All personal and medical records are confidential.
- 6. To be free of mental and physical abuse. To be free of chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical records.
- 7. To receive from the administrator or staff of the facility a reasonable response to all requests.
- 8. To receive visitors or have access to privacy in phone use at any reasonable hour. To send and receive mail promptly and unopened, with access to writing materials.
- 9. To manage his/her own financial affairs unless other legal arrangements have been so ordered.
- 10. To have privacy in visits by the patient’s spouse.
- 11. To enjoy privacy in his/her own room.
- 12. To present grievances and recommend changes in policies and services without fear of reprisal, restraint, interference, coercion or discrimination.
- 13. To not be required to perform services for the facility without resident’s consent and written approval of the attending physician.
- 14. To retain, to secure storage for, and to use his personal clothing and possessions, where reasonable.
- 15. To not be transferred or discharged from a facility except for medical, financial, or their own or other patient’s welfare. Any such transfer shall require at least five days’ notice, unless the attending physician orders immediate transfer, which shall be documented in the patient’s medical record.
- 16. To be notified when the facility’s license is revoked or made provisional. The responsible party or guardian must be notified, also.

The Ombudsman is an advocate for those who live in long term care facilities. For more information on resident rights, call the Regional Long Term Care Ombudsman.

Your Regional Ombudsman is: _____ Telephone: _____

Appendix A
NORTH CAROLINA ADULT CARE HOME BILL OF RIGHTS
(Condensed Version)

EVERY RESIDENT SHALL HAVE THE FOLLOWING RIGHTS:

- 1. To be treated with respect, consideration, dignity and full recognition of his or her individuality and right to privacy.
- 2. To receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.
- 3. To receive upon admission and during his or her stay a written statement of the services provided by the facility and the charges for these services.
- 4. To be free of mental and physical abuse, neglect and exploitation.
- 5. Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
- 6. To have his or her personal and medical record kept confidential and not disclosed without the written consent of the individual or guardian, which consent shall specify to whom disclosure may be made except as required by applicable state or federal statute or regulation or by third party contract.
- 7. To receive a reasonable response to his or her requests from the facility administrator and staff.
- 8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own initiative at any reasonable hour.
- 9. To have access at any reasonable hour to a telephone where he or she may speak privately.
- 10. To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery and postage.
- 11. To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion or retaliation.
- 12. To have and use his or her own possessions where reasonable and have an accessible lockable space provided for security of personal valuables. This space shall be accessible only to the residents and the administrator or supervisor in charge.
- 13. To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time.
- 14. To be notified when the facility is issued a provisional license by the North Carolina Department of Health and Human Services and the basis on which the provisional license was issued. The resident’s responsible family member or guardian shall also be notified.
- 15. To have freedom to participate by choice in accessible community activities and in social, political, medical and religious resources and to have freedom to refuse such participation.
- 16. To receive upon admission to the facility a copy of this section.
- 17. To not be transferred or discharged from a facility except for medical reasons, their own or other residents’ welfare, or nonpayment. Except in cases of immediate jeopardy to health or safety, residents shall be given at least 30 days advance notice of the transfer or discharge and their right to appeal.

The Ombudsman is an advocate for those who live in long term care facilities. For more information on resident rights, call the Regional Long Term Care Ombudsman.

Your Regional Ombudsman is: _____ Telephone: _____

NORTH CAROLINA
NURSING HOMES

2005

Type of Facility	Number of Licensed Facilities	Number of Licensed Beds
Nursing Homes	434	49,161

5 Most Frequent Complaints in Nursing Homes

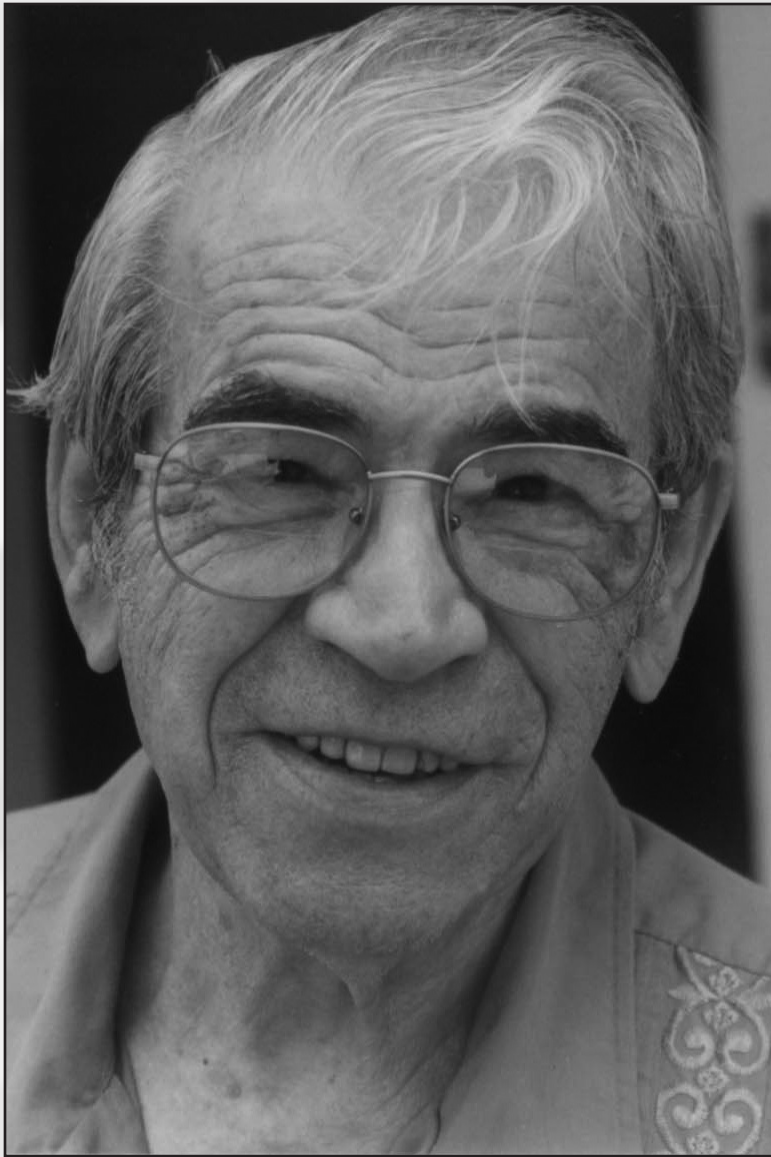
2005 National Ombudsman Reporting System Data

Complaint Category	Number of Complaints	Percentage of Total Complaints
Call lights, requests for assistance	14,391	5.95%
Menu-quantity, quality, variation, choice	9,326	3.86%
Dignity, respect-staff attitudes	9,062	3.75%
Accidents, improper handling	8,998	3.72%
Care plan/resident assessment	8,944	3.70%

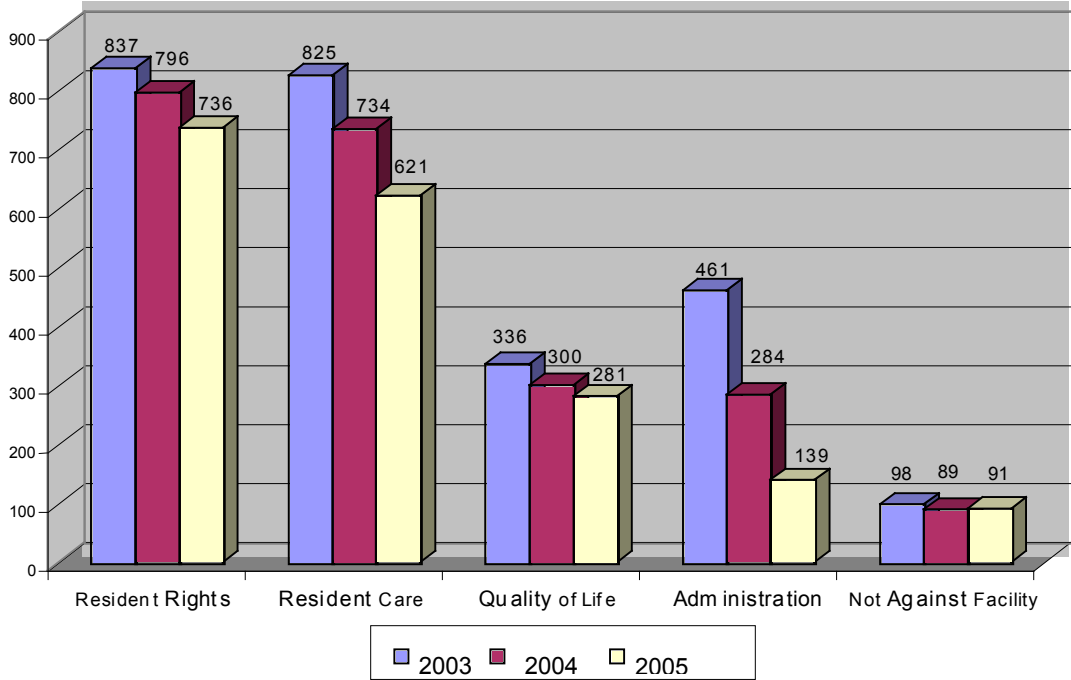
2005 North Carolina Ombudsman Complaint Tracking System Data

Complaint Category	Number of Complaints	Percentage of Total Complaints
Discharge/eviction-planning, notice, procedures, implementation	156	8%
Dignity, respect, staff attitudes	135	7%
Personal hygiene- nail care and oral hygiene and adequacy of dressing and grooming	118	6%
Inadequate supervision of resident, resident falls, other miscellaneous resident care issues	80	4%
Symptoms unattended, no notice to others of change in condition	73	4%

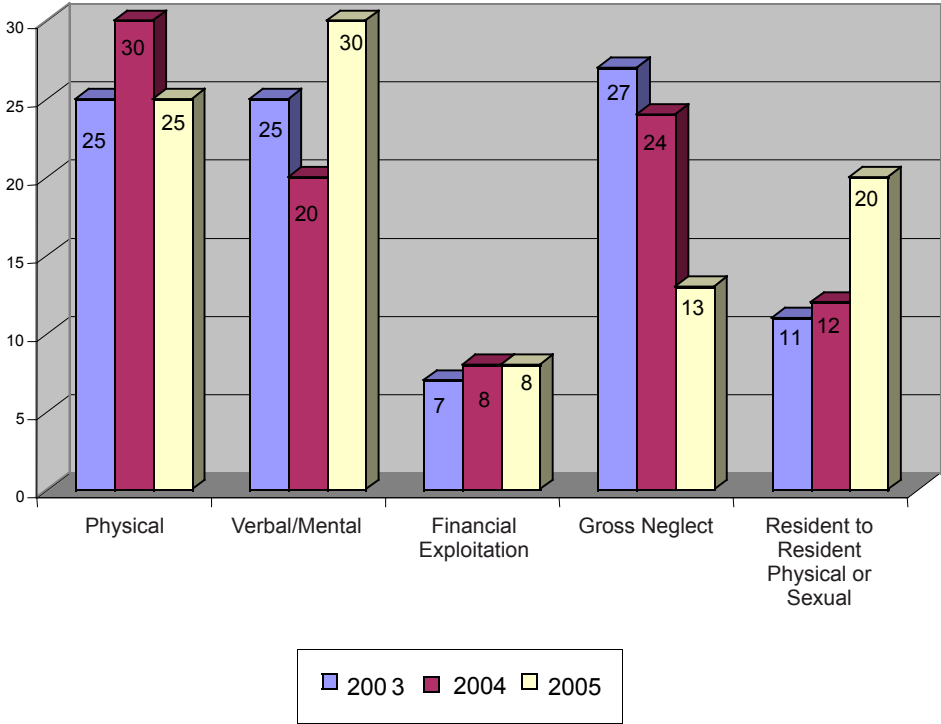
APPENDICES



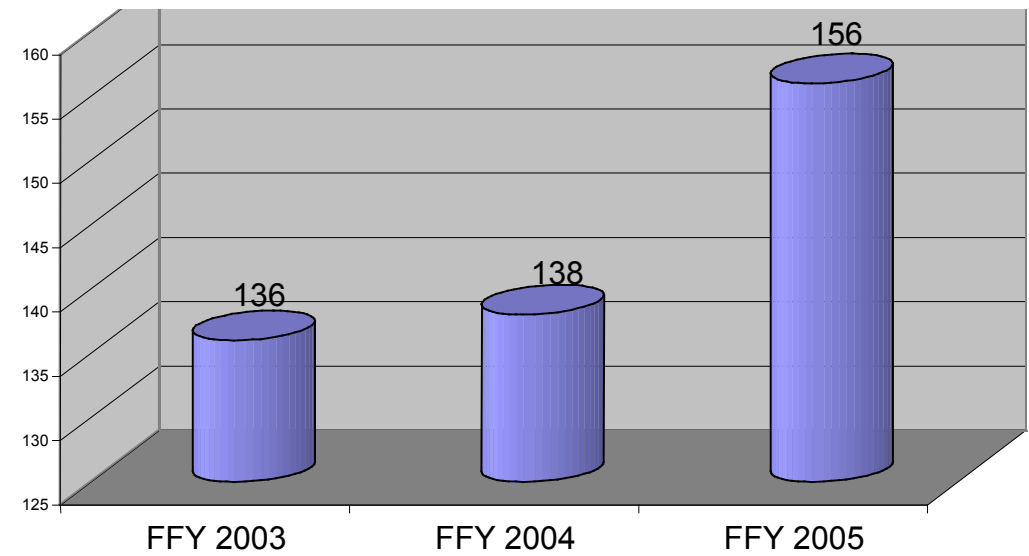
Three Year Comparison of Nursing Home Complaints
FFY 2003 - FFY 2005



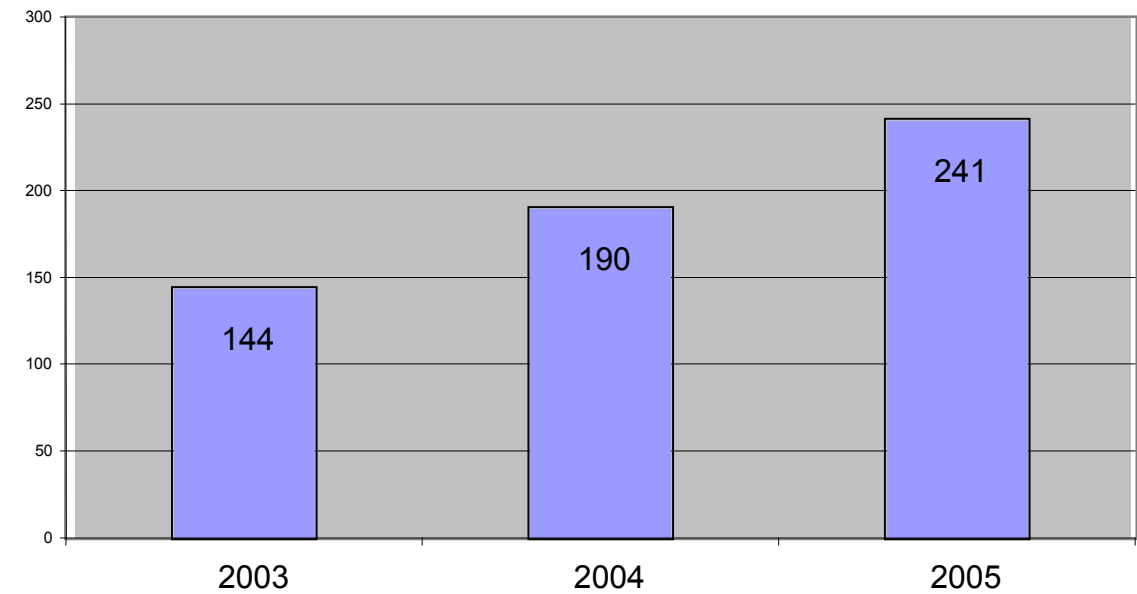
Abuse Complaints in Nursing Homes
FFY 2003 - FFY 2005



**Complaints about Nursing Home Discharge Plans/Procedures
FFY 2003 - FFY 2005**



**Complaints Filed by Nursing Home Residents
FFY 2003 - FFY 2005**



in a facility, attended the Hertford County Partnership Committee to discuss the Long Term Care Ombudsman's role, joined the Pitt County Memorial Hospital/Nursing Facility Networking committee, attended Pitt County Elder Fair to promote the Long Term Care Ombudsman Program, joined Beaufort County Human Services Coalition and provided assistance with planning an **Advanced Directives Planning Workshop**.

The *Albemarle Commission Regional* Long Term Care Ombudsman covers 10 counties surrounding the Albemarle Sound, which are predominantly rural. The Regional Ombudsman traveled for hours to reach some of the long term care facilities in her area. In addition, the intimacy of a small rural population required that the Ombudsman provide special assurance to long term care residents, families and management in facilities about ensuring resident confidentiality when handling complaints and seeking successful resolution. The Regional Ombudsman closed 112 cases during the 2005 fiscal year. Complaint numbers have increased at the facility level through the work of the eleven community advisory committees. Programming efforts were supported through the local media, which fostered opportunities for training 1,090 individuals who participated in 21 training workshops and 16 long term care facility in-services. The **2nd Annual Caregiver Education** community event held in April was co-sponsored by the Eastern Carolina Chapter of Alzheimer's Association, and focused on empowering care partners. Elder Abuse efforts for this region began with an outreach event on **Health and Wellness** that was hosted by a local church and attended by 28 persons. Other events included a community forum which addressed **Domestic Violence/Elder Abuse**. Practical guidelines about identification, intervention and referral in situations where elder abuse was believed to have occurred were provided to an audience that included local police officers, health care agencies, department of social services employees and local community members.

The Regional Long Term Care Ombudsman with the **Cape Fear Council of Governments**, which is located in southeastern portion of North Carolina, serves Brunswick, Columbus, New Hanover and Pender counties. There are 56 nursing homes and adult care homes with 3,758 beds in these four counties. Currently in Brunswick County, 196 adult care home beds are under construction. It is anticipated they will be available for occupancy in early 2006. There are also 90 nursing home beds going through the Certificate of Need process that are designated for Brunswick County. This year, the Regional Ombudsman supported several local agencies and community groups through regular attendance at scheduled meetings of the Planning Committee of the **2005 CNA Superstar** event, the New Hanover Regional Hospital/Skill Nursing Facilities Partners group, the New Hanover County APS Interagency group, the New Hanover Regional Hospital Ethics Committee, the CAP Advisory Council, and the Alzheimer's Memory Walk event. The Cape Fear Area Agency Aging and Regional Ombudsman Program collaborated with four county departments of social services to sponsor a four module **Leadership Series** for the administrative staff in area long term care facilities, home care agencies, adult day care centers, departments of aging and departments of social services. The Regional Ombudsman also participated in a **Mini White House Conference on Aging** by attending both the Southeast Regional Work Session and the State Session. The Ombudsman also participated in a **Hospice End of Life Workshop** and the **2nd Annual Alzheimer's Workshop**.

The **Eastern Carolina Council of Governments** is located in eastern North Carolina and serves 9 counties: Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico and Wayne. This region has two full-time Ombudsmen and 114 community advisory committee volunteers. The Regional Ombudsman Program provided advocacy services to residents in the 26 nursing homes and 79 adult care homes throughout the nine counties. This year, the Regional Ombudsmen participated in regional meetings in preparation for the National White House Conference on Aging and were

involved in educational presentations about the new Medicare Part D Program in collaboration with the Seniors' Health Insurance Information Program and the Social Security Administration. The two ombudsmen met with consumers, facility staff, residents, families and community advisory committee volunteers to provide information and education about Medicare Part D. The Regional Ombudsman Program has also supported the state's efforts to implement mental health reform by working collaboratively with the three new Mental Health Geriatric Specialty Teams designated for the 9 counties in the region. A major role has been to educate long term care providers about the services and resources that are available through the Teams and to encourage participation. The Ombudsman Program developed a Powerpoint presentation to assist them in educating long term care facility staff about the role of the Mental Health Geriatric Teams.

The **Mid-East Commission Regional** Long Term Care Ombudsman Program serves Beaufort, Bertie, Hertford, Martin and Pitt counties. There are 12 nursing facilities, 20 adult care homes and 34 family care homes in the 5 counties and 43 Community Advisory Committee volunteers. 2005 was a transitional year for the Regional Long Term Care Ombudsman Program that included the hiring and certification of a new Regional Ombudsman to head the Program. The Regional Ombudsman participated in the Violence in Aging Coalition which included planning for **The Golden Years and Domestic Abuse Conference** which was held in September 2005 in Greenville, N.C. The Regional Ombudsman has established a library on elder abuse topics which she has used as teaching tools for training community advisory committee members as well as long term care facility staff. Complaints handled by the Program have increased as consumers, residents, and facility staff members have become more aware of the presence of the new Regional Ombudsman. In 2005, the Regional Ombudsman conducted the following community education activities: spoke before the University Hospice monthly support group about the Ombudsman Program, provided support and consultation related to opening a new Alzheimer's unit

NORTH CAROLINA ADULT CARE HOMES

2005

Type of Facility	Number of Licensed Facilities	Number of Licensed Beds
Adult Care Homes	1,307	39,895

5 Most Frequent Complaints
in Adult Care Homes

2005 National Ombudsman Reporting System Data

Complaint Category	Number of Complaints	Percentage of Total Complaints
Menu/food service-quantity, quality, variation, choice, condiments, utensils	3,221	5.22%
Medications-administration, organization	2,955	4.79%
Discharge/eviction-planning, notice, procedures, implementation	2,542	4.12%
Equipment/ building-disrepair, hazard, Poor lighting, fire safety	1,982	3.22%
Dignity, respect-staff attitudes	1,962	3.18%

2005 North Carolina Ombudsman Complaint Tracking System

Complaint Category	Number of Complaints	Percentage of Total Complaints
Discharge/eviction-planning, notice, procedures, implementation	88	8%
Billing/charges-notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents)	74	7%
Dignity, respect, staff attitudes	67	6%
Menu/food service-quantity, quality, variation, choice, condiments, utensils	67	6%
Medications-administration, organization	54	5%
Personal hygiene- nail care and oral hygiene and adequacy of dressing and grooming	34	3%
Inadequate supervision of resident, resident falls, other miscellaneous resident care issues	34	3%

conducted fourteen in-services on *Residents’ Rights, Elder Abuse and Sensitivity to Aging* for groups including 196 adult care home staff, 96 nursing home staff, 61 residents in adult care homes and 28 residents in nursing homes. The Regional Ombudsman and community advisory committee volunteers coordinated and conducted three workshops in three counties entitled **Long Term Care and Medication Costs: Important Facts for You to Consider**. The Ombudsman also conducted two Elder Abuse Prevention workshops. In Wilson County, a community workshop titled *Issues Affecting Seniors* was a very successful event. There was one regional community education workshop offered to the public from all five counties entitled **Domestic Violence: Senior Adults and Grandchildren**. A total of 129 complaints were investigated and resolved by the Regional Ombudsman this year. The most frequent type of complaint received this year involved discharge plans and procedures initiated by facilities.

The *Mid-Carolina Council of Governments* Regional Long Term Care Ombudsman Program provides advocacy services for long term care residents in Harnett, Sampson and Cumberland counties. During Federal Fiscal Year 2005, the Regional Ombudsman was successful in receiving an AARP National Training Grant that allowed the Regional Ombudsman Program to offer an AARP Legislative and Advocacy training event in April. Over 74 people from six different counties attended this important training conference. In June 2005, the Regional Ombudsman coordinated with the Family Caregiver Specialist to host the showing of a film titled **Assisted Living** to a diverse audience. Ninety-four attendees enjoyed the film and participated in film reviews to discuss their opinions about the movie and institutionalized living in general. In August, the Regional Ombudsman partnered with the Lumber River Council of Governments Regional Ombudsman, the Department of Health and Human Services, and the Independent Living Section from the Division of Vocational Rehabilitation to conduct a workshop entitled **Going Home: Helping Residents Transition from Your Facility to the Community**. Over 100 long term care staff from 8 surrounding counties attended this workshop to learn about resources available to assist

long term care residents in transitioning back into their communities. In September, the Ombudsman coordinated a **Stress Management** workshop featuring an expert from the University of North Carolina for forty participants. Also in September, the Ombudsman arranged one session of continuing education training for community advisory committee volunteers in Region M. Staff with the Office of State Long Term Care Ombudsman provided the training for approximately 16 volunteers.

The *Lumber River Council of Governments* Regional Long Term Care Ombudsman serves Bladen, Hoke, Richmond, Robeson and Scotland counties. During 2005, the Regional Ombudsman completed initial orientation training for 7 new community advisory committee volunteers. During the year, the Regional Ombudsman conducted an array of in-service trainings including presentations about *Residents’ Rights, Elder Abuse Prevention, Sensitivity to Aging and Long Term Care Options*. There were 638 requests for technical assistance and consultation during 2005 on topics ranging from Residents’ Rights, questions about Medicare or Medicaid, facility discharges, mental health concerns and resident care plans. In March, the Regional Ombudsman hosted training about Guardianship entitled **An Ethical Perspective**. Adult Protective Services staff from seven counties attended the two day conference. On April 7, 2005, the Robeson County End-of-Life Coalition hosted the **3rd Annual End of Life Conference**. The Regional Ombudsman has actively participated with the End Of Life Coalition and provided assistance with planning educational sessions tailored to long term care facilities. In addition, the Regional Ombudsman Program partnered with the Mid-Carolina Council of Governments Regional Long Term Care Ombudsman to host a **Going Home Workshop**. This workshop was conducted through coordination with the North Carolina Nursing Home Transition Initiative. Over 100 participants enjoyed the opportunity to hear from other providers who were involved with helping residents transition back to the community as well as the opportunity to gather resource materials through visits to information booths on site.

mental illness to live successfully in the community. The Ombudsman assisted with planning the **6th Annual CNA and Caregiver Appreciation Day** attended by over 50 professional and lay caregivers. They also assisted with planning the **Region I Mini-White House Conference on Aging** which was designed to solicit public comments that were forwarded to the national White House Conference on Aging in December 2005. The Ombudsman Program also sponsored a series of workshops for families with aging parents. The topics included *Considering a Nursing Home or Assisted Living: What You and Your Family Need to Know, Who Makes the Decision: Guardianship, Powers of Attorney, Living Wills, and other Important Legal Issues, Financial Protection: Scams, Reverse Mortgages: Ways to Protect Yourself and Your Loved Ones against Financial Exploitation, and Top 10 Tools for Families with Aging Parents*. Twenty-two sessions were completed this year on elder abuse prevention and education through the use of Aging Sensitivity Training for long term care facility staff, community advisory committee members and other professionals

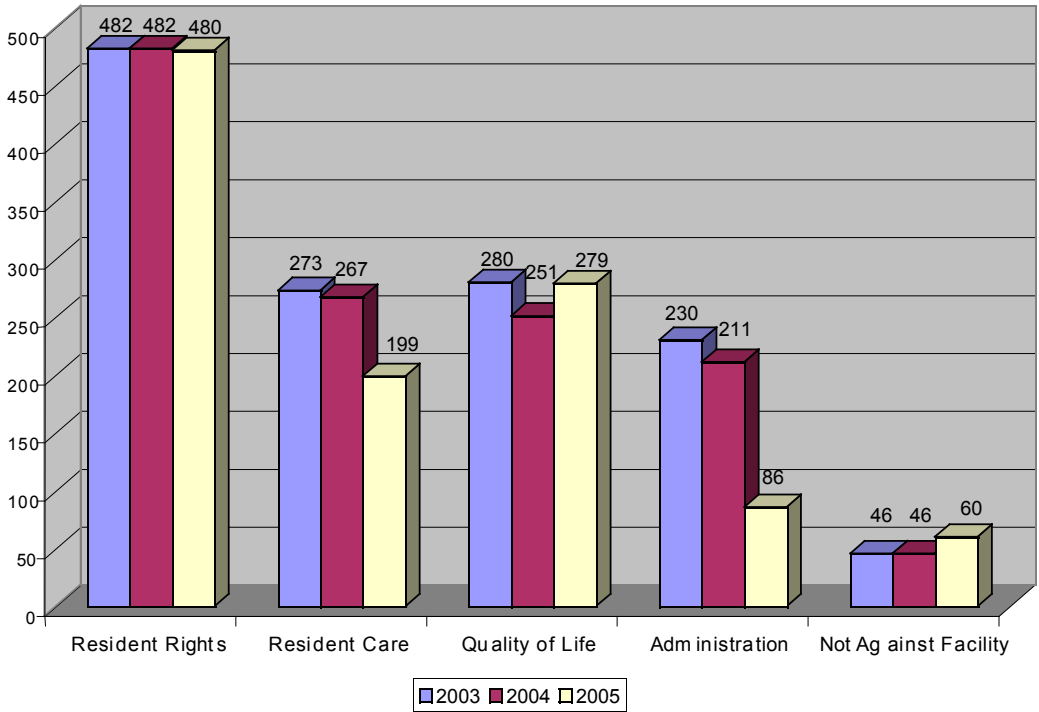
The **Triangle J Council of Governments** employs four full-time Regional Long Term Ombudsmen who provide direct services across the 7 counties in the middle of the state. The Regional Ombudsmen provided numerous hours of training for nursing home and assisted living facility staff members. Training and continuing education have become the framework upon which they build their visits in many long term care facilities, with *Resident Rights, Sensitivity to Aging Issues, Elder Abuse Prevention and Dealing with Challenging Resident Behaviors* as the primary topics. Staff members are not only trained in these areas, but also learn the basic rules and regulations that govern the facilities in which they work. Staff also learn about the appropriate channels available to voice their concerns about resident quality of care, first within the facility and then outside the facility if necessary. In 2005, the region co-sponsored 8 training events with the Eastern N.C. Alzheimer's Association and other partners. These events provided excellent information for caregivers, both family and facility staff, about Alzheimer's disease and related dementias. Content in-

cluded the disease process, proper approaches, provision of care, the role of meaningful activities in quality of life and dealing with challenging behaviors. When caregivers understand the disease process and the cause of challenging or difficult behaviors, it can help reduce the occurrence of abuse, neglect and exploitation and decrease caregiver stress. A significant effort was spent on outreach to long term care professionals, community members, local universities and colleges, church groups, hospitals regarding residents' rights and other priority issues related to long term care including the prevention of elder mistreatment and the need for legislative and/or regulatory changes. A great deal of time and resources were provided to approximately 150 community advisory committee members for ongoing support, guidance, training and technical assistance.

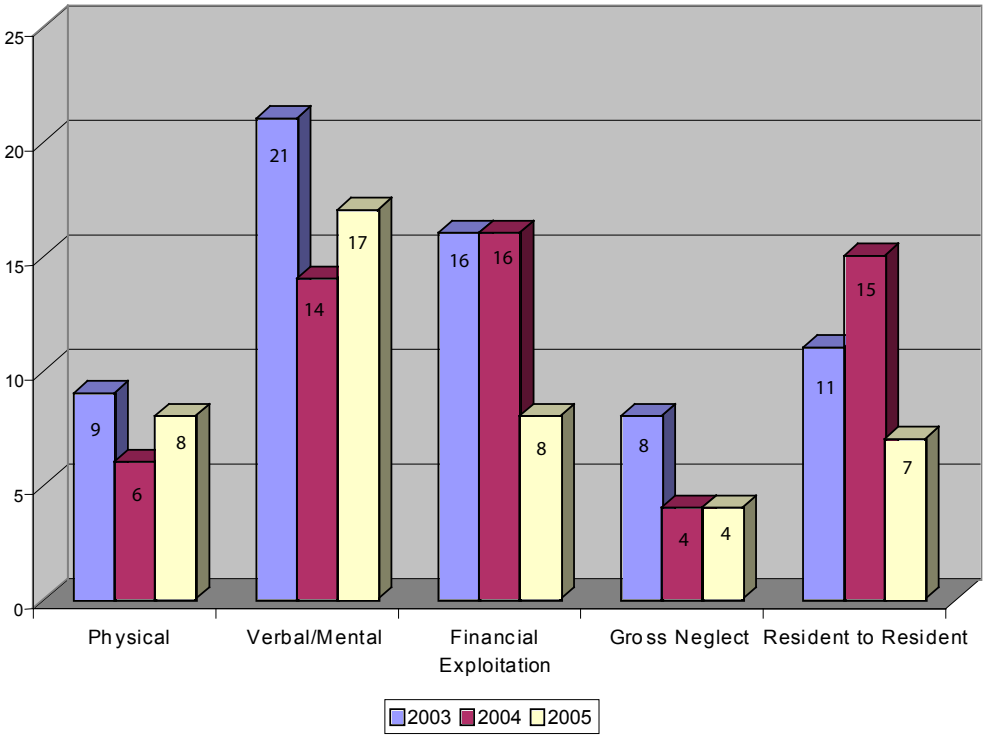
The **Kerr Tar Regional Council of Governments** Regional Long Term Care Ombudsman provides services in 5 counties: Franklin, Granville, Person, Vance and Warren. There are 50 long term care facilities in this region. During 2005, topics covered by the Regional Ombudsman during facility consultations included: *Elder Abuse, Discharge Regulations, Administration and Staff Attitude, Family Problems, Billing or Reimbursement, Adult Care Home Rules, Financial Exploitation, Resident Safety, Residents' Rights, Guardianship Issues, Placement, Substance Abuse, Medicare, Medicaid and Prescription Drug Assistance*. A few services provided by the Regional Ombudsman and community advisory committee members include forty-one forums and workshops conducted in the region and 169 visits to facilities. The Ombudsman also participated in 44 facility surveys conducted by the Division of Facility Services and provided technical assistance to 500 individuals and facilities.

The **Upper Coastal Plain Council of Government** Regional Long Term Care Ombudsman and 67 community advisory committee members conducted routine facility visits and provided advocacy services on behalf of the 2,252 long term care residents in Edgecombe, Halifax, Nash, Northampton and Wilson counties. During the year, the Regional Ombudsman

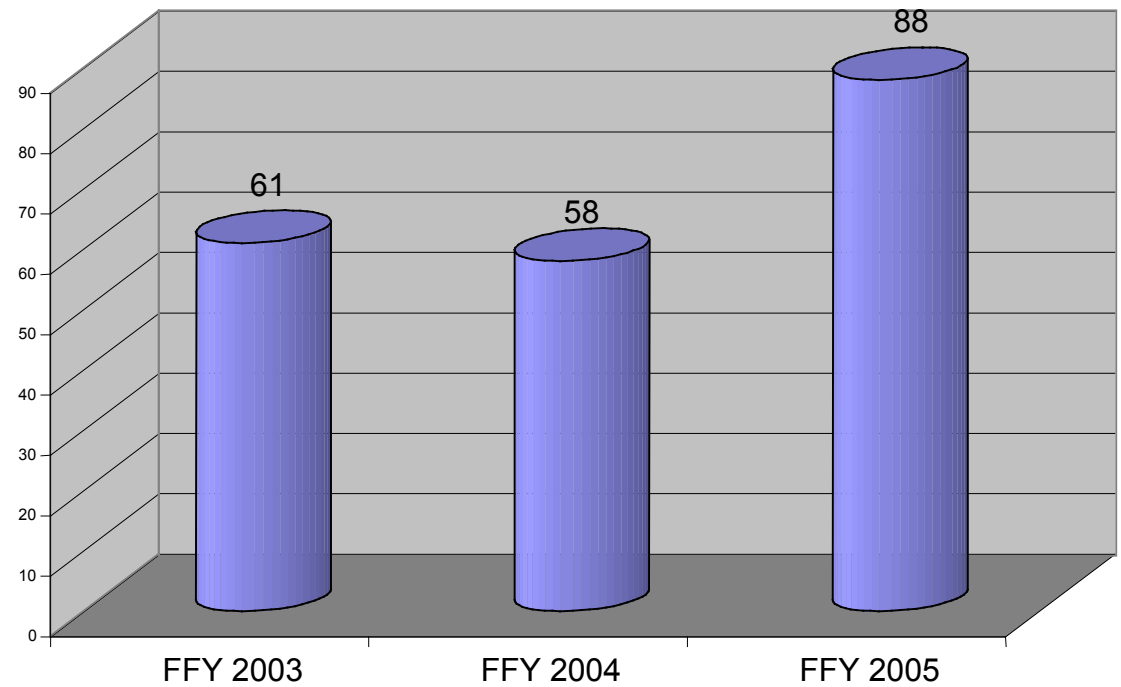
Three Year Comparison of Adult Care Home Complaints
FFY 2003 - FFY 2005



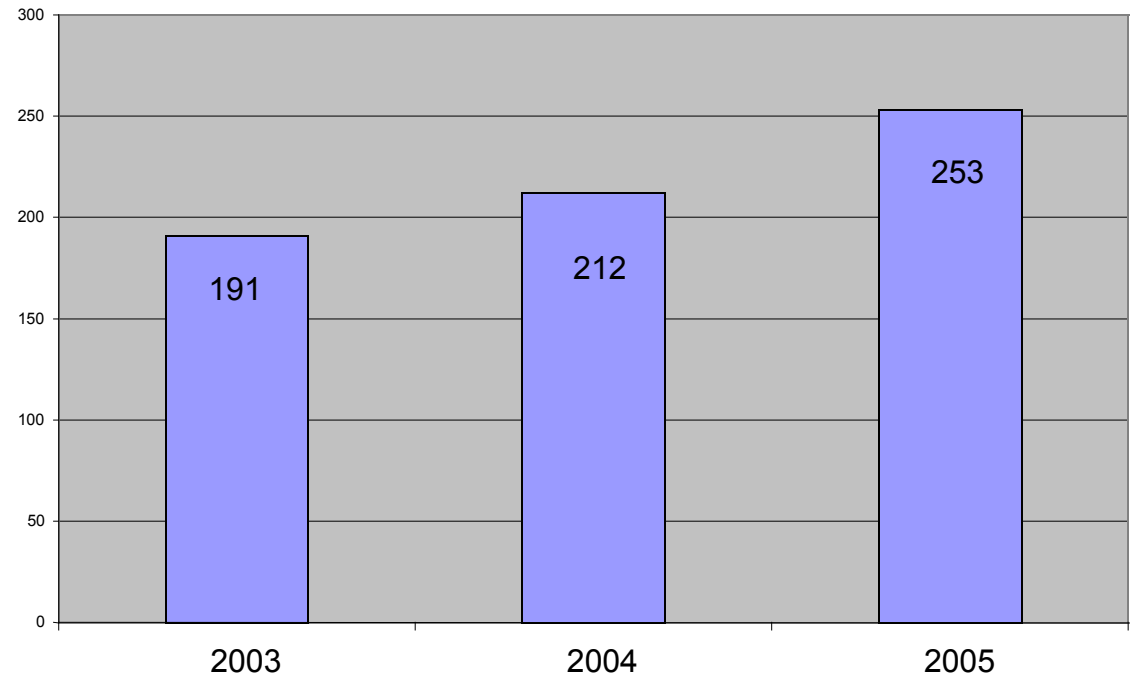
Abuse Complaints in Adult Care Homes
FFY 2003 - FFY 2005



**Complaints about Adult Care Home Discharge Plans/Procedures
FFY 2003 - FFY 2005**



**Adult Care Home Residents as Complainants
FFY 2003 - FFY 2005**



Centralina Council of Governments has three full-time Regional Ombudsmen and one part-time Regional Ombudsman who serves Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley, and Union counties. The Regional Ombudsman Program provided training and technical assistance to 170 community advisory committee volunteers who visited 195 facilities in the 9 counties. In 2005, the Regional Ombudsmen worked to create several extended community focused training opportunities. The **Creative Interventions in Dementia Care and Aging Services Conference**, held at First Baptist Church of Gastonia, was a two day conference which drew more than 800 participants from across the state. **Powers of Attorney: the Good, the Bad and the Illegal** was a collaborative effort between Regional Ombudsmen and the Mecklenburg County Elder Abuse Task Force offered to facility staff and the public. Other community focused educational opportunities included: **Making Sense of Mental Health**, a collaborative workshop between Regional Ombudsmen Program, Status of Seniors Project, Mental Health Geriatric Alliance and long-term care facilities; **Advance Directives**, collaborative effort between the Regional Ombudsman Program and Stanley County End of Life Coalition; and **Juneteenth**, a workshop sponsored by the Regional Ombudsman Program, the minority community and Mecklenburg County End of Life Coalition. In 2005, Debi Lee, an Ombudsman in Region F, was honored by the National Citizens' Coalition for Nursing Home Reform by being named the recipient of the **Howard Hinds Award** which was established in 2005 in memory of a District Long Term Care Ombudsman with the East Tennessee Human Resource Agency. Mr. Hinds was a true champion for nursing home residents and for the Long Term Care Ombudsman Program. This award was presented in recognition of Ms. Lee's extensive local and national advocacy efforts on behalf of long-term care residents

The **Piedmont Triad Council of Governments'** Regional Long Term Care Ombudsman Program staffs has two full-time Regional Ombudsmen and one part-time Regional Ombudsman. The three Ombudsmen along

with 113 community advisory committee members advocated for the long term care residents in 273 facilities in a seven county region. In 2005, the Regional Ombudsmen handled 161 complaints. Elder Rights initiatives for this year included six presentations in the community to promote awareness of abuse, neglect and exploitation of older adults. Five presentations conducted in long term care facilities focused on raising awareness of the occurrence of crime in long term care facilities. During the summer of 2005, the Ombudsmen first developed and then produced a public information television show, which was aired on public access Cable Channel 8. The show is called **Wavelengths** and has two goals focusing on elder rights. The first goal is to expand the program's capabilities for outreach in the community beyond the traditional aging network and the second goal is to offer helpful and accurate information about current topics in aging as well as information about programs and services in the community. According to Time Warner Cable Television, those viewing this program exceeded 100,000 people. The first production introduced the community to the need for legislative advocacy and the second production provided information and awareness about Medicare Part D. **The 2nd Annual Leadership Conference** was held in March for all community advisory committee officers and other interested CAC members. The agenda included discovering leadership styles through the True Colors system. Sabrena Lea also presented *How to Communicate Effectively with Elected Officials* and led a discussion on pending legislation of interest to aging advocates for all who attended.

The **Northwest Piedmont Council of Governments** Regional Long Term Care Ombudsman Program has two full-time Regional Ombudsmen who provided services for long term care residents in Surry, Stokes, Yadkin, Davie and Forsyth counties. In 2005, two new Regional Long Term Care Ombudsmen completed the State requirements for Ombudsman Certification. The Regional Ombudsman Program co-sponsored a conference focusing on **Successful Community Living** to educate long term care facility staff and independent housing providers about the potential for people with

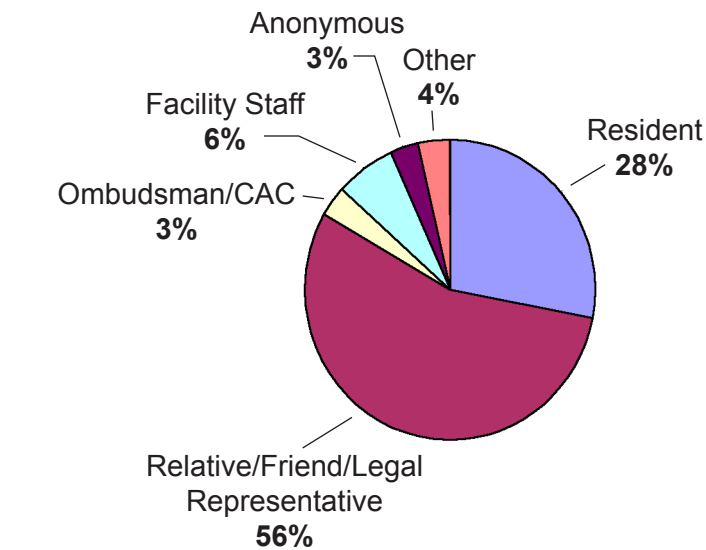
through 8 community advisory committees. This year the CAC members contributed 511 hours of their time and drove 2,587 miles, working diligently to improve the quality of life for residents in long term care facilities. The Regional Long Term Care Ombudsman provided 14 in-service programs to long term care facilities. Major topics offered were Residents’ Rights, Elder Abuse Awareness and Sensitivity to Aging training. The Regional Long Term Care Ombudsman provided 23 community outreach programs and events. Outreach was expanded to a variety of individuals by conducting elder abuse prevention programs for area high-school and college students, continuing education students, long term care residents, family members, and civic groups as well as for all nursing assistant classes scheduled at Isothermal Community College and Cleveland Community College. In May, the Ombudsman Program partnered with the Polk County Abuse in Later Life Team to provide weekly elder abuse education events.

The **High Country Council of Governments** serves 7 northwestern counties in North Carolina. There are 34 long term care facilities in this region. They include 13 nursing homes, 11 adult care homes and 13 family care homes. During Federal Fiscal Year 2005, the High Country Long Term Care Ombudsman Program consisted of one full-time Regional Long Term Care Ombudsman and 9 community advisory committees. There are currently 50 community advisory committee volunteers who devoted 1,073 hours of their time to improving the quality of life for residents in long term care facilities. Volunteers drove a total of 7,050 miles to visit residents and conduct quarterly facility visits. As a result of investigating concerns regarding behavioral problems with male residents during visits to area long term care facilities, the Regional Long Term Care Ombudsman identified a universal need for programs and activities specifically for men living in long term care facilities. The Regional Long Term Care Ombudsman has recruited 4 additional males to serve on the community advisory committees. During Federal Fiscal Year 2005, 49 complaints were filed against long term care facilities in this region: 64% of the complaints involved nursing homes and 36% involved adult care

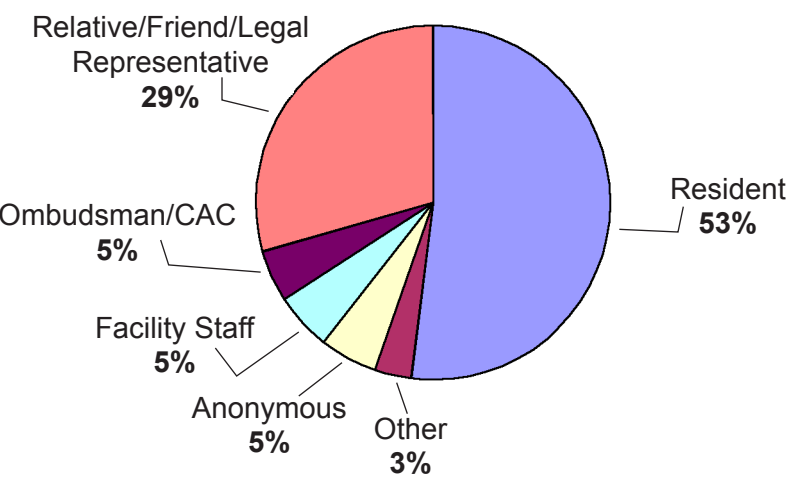
homes/ assisted living facilities. Ninety-eight (98%) of the complaints were resolved. The Regional Ombudsman was unable to substantiate 2% of the complaints. The Regional Long Term Care Ombudsman also developed a regional presentation on elder abuse to be used to educate community groups. The program emphasized the importance of reporting suspected abuse to the local Adult Protective Services unit within county departments of social services. As part of this presentation, Adult Protective Services representatives were available to answer questions about elder abuse and services available. This past year, it was presented to area hospice groups, in-home care personnel, community members at senior centers, Senior Companions and Foster Grandparents.

Western Piedmont Council of Governments serves Alexander, Burke, Caldwell, and Catawba counties. There are 36 community advisory committee volunteers, one full-time and one part-time Regional Ombudsman serving 66 long term care facilities: 25 adult care homes, 18 nursing homes and 23 family care homes in the four counties. The Ombudsmen were busy this year conducting educational seminars on Abuse Awareness and Prevention. In July 2005, the Regional Ombudsmen held a **Scam Jam Workshop**. There were 130 attendees across the 4 county regions. Speakers for the program included: Jane Feather with the Attorney Generals’ Office; Maryanne Daily with the Better Business Bureau; Alton Price with Catawba County Sheriff’s Department; Bob Winters with the City of Hickory Police Department; Melanie Bunn with the Alzheimer’s Association; Leslie Yount an Estate Planning Attorney; Melissa Edgers with Caldwell Hospice and Palliative Care and the Catawba County Adult Protective Services Unit Staff. Gregg Tanner with AARP was the moderator. Attendees received very valuable information designed to prevent them from becoming victims of frauds and scams. The Ombudsmen completed 56 educational programs in 2005 on Residents’ Rights, Sensitivity to Aging and Elder Abuse Prevention. Technical assistance and consultations were provided to 565 individuals about residents’ rights questions, transfer/discharge issues, facility room changes, billing issues and facility placements.

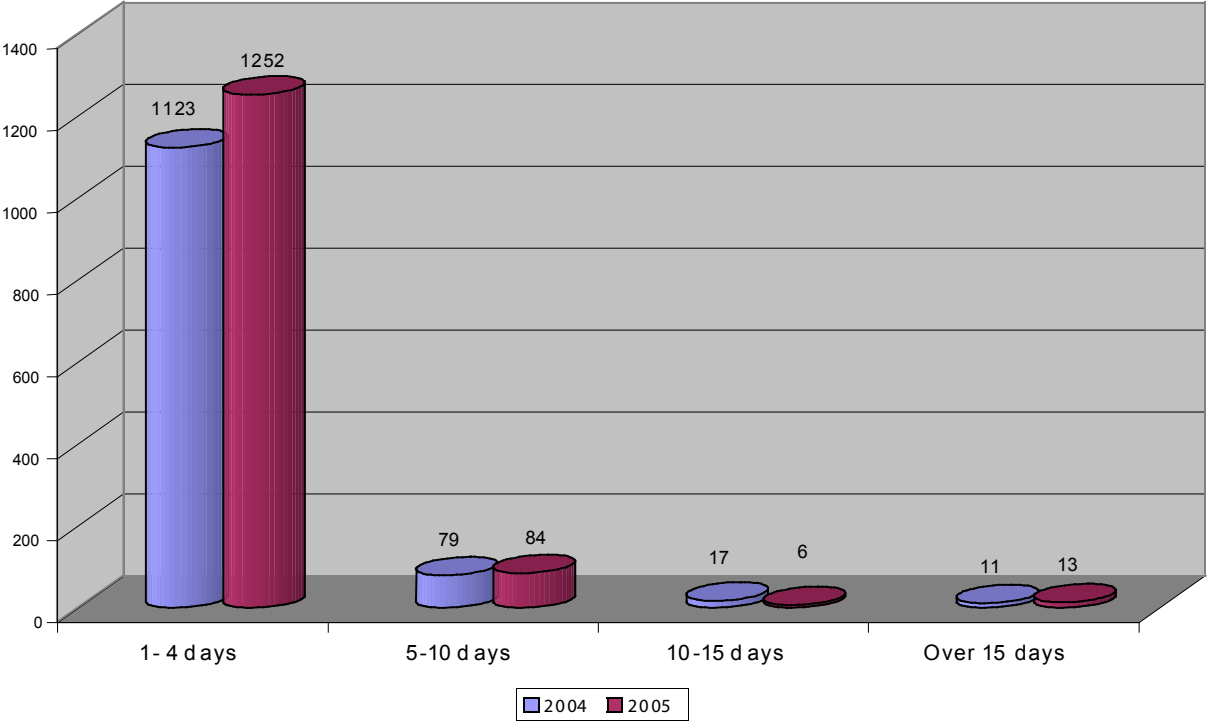
**Nursing Home Complainants
2005**



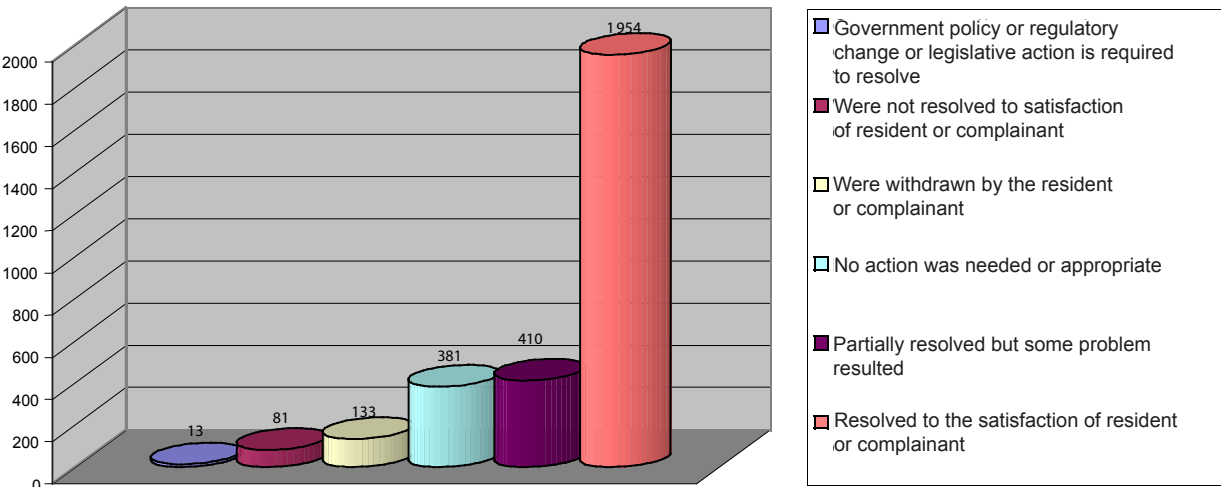
**Adult Care Home Complainants
2005**



Response Time to Complaints



Disposition of All 2005 Complaints



2005 Highlights across the Regions

During 2005, the **Southwestern Planning Commission**, which serves 7 southwestern counties in North Carolina, was still recovering from the destruction left by a hurricane that swept through the region in 2004. This region has 18 nursing homes including 3 Transitional Care Units located in local hospitals, 18 adult care homes and 11 family care homes. This past year, Resident’s Rights trainings with an emphasis on abuse and neglect were conducted in long term care facilities across the region. **Accepting the Challenge** was presented to facility staff, aging staff and families with relatives suffering from Alzheimer’s disease. Aging Sensitivity training combined with Residents Rights’ training was conducted for nursing assistant classes in the local community college system. Elder Abuse conferences in 2 counties have continued as an annual event. Topics included Elder Abuse: Refuse to be a Victim, Advanced Directives, Hospice/Bereavement, Burial Planning, Legal Issues and Medicare Part D Benefits. The Area Agency on Aging participated in the Annual Medicare Forum held in Macon County. Participates were eager to hear information regarding the new Medicare Part D prescription drug program. Information was presented regarding nursing home residents and how Medicare Part D will affect them. The Regional Long Term Care Ombudsman was involved in the planning of an Elder Abuse Task Force in Haywood County which is an outgrowth of an assessment completed with funding from a Robert Wood Johnson Foundation grant. Complaints over the past year in this region have risen 10% compared to 2004. Over 85% of the complaints were resolved through Regional Ombudsman interventions.

The community advisory committees in Region A experienced more turn over this past year than the region has experienced in several years. The process to train all the newly appointed volunteers continues. In April 2005, the region had a wonderful **Volunteer Appreciation and Training Event**. The theme was **Gypsies, Scams**

and Thieves. Presenters were David Kirkman from the Attorney General’s Office, Sergeant Hollifield from Jackson County Sheriff’s office and the Autumn Players who presented skits on Medicare Fraud and how to read Medicare statements.

The Regional Long Term Care Ombudsmen with **Land-of-Sky Regional Council** serves 4 counties in the western mountains of North Carolina. Madison, Transylvania and Henderson counties are rural, while Buncombe County includes Asheville, the region’s largest city. There are 173 licensed and certified long term care facilities in this region. Complaints increased this past year and the majority of the complainants were younger residents with mental illness or physical disabilities. Elder abuse activities culminated in a well-planned elder abuse prevention event in May held in Henderson County titled **The Many Faces of Elder Abuse: Knowledge is Power**. Speakers included the Henderson County Sheriff, DSS Adult Services staff, an elder law attorney, a representative from the Attorney General’s office speaking on fraud, and more. The Regional Long Term Care Ombudsmen conducted 20 educational programs for long term care facility staff and the community. The most popular training topics for facility staff were Resident Rights and Aging Sensitivity Training. There are currently 75 active community advisory committee volunteers. **A Community Advisory Committee Recognition Event** was held in the fall at the Governor’s Western Residence. Recruitment and training of new community advisory committee volunteers is ongoing. Other activities the Regional Ombudsmen were involved in include: the End of Life Care Coalition, the Buncombe County Health Partners Senior Health Task Force and the Professional Social Workers in Long Term Care Coalition.

The Regional Long Term Care Ombudsman with the **Isothermal Commission** serves a rural western area of North Carolina that includes Cleveland, McDowell, Polk and Rutherford counties. There are 16 nursing facilities, 28 adult care homes, and 48 family care homes. The region is fortunate to have 41 community advisory committee members who serve the four-county region